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## ORIGINAL DEPARTMENT.

### Communications.

#### VESICO-VAGINAL FISTULA:

##### Its History and Treatment.

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#### Treatment.

This is divided into the *palliative and radical*. If, in consequence of extensive destruction of tissue, or the presence of malignant disease, an operation is contra-indicated, we may resort to some means to palliate the distressing situation of the patient. These chiefly point to the collection of the urine so as to defend her person against excretion, and offensive emanations. There is no task so difficult, and unsatisfactory as this. Many receptacles, and obturators, and other contrivances have been devised; such as a bag of gum elastic worn partly within, and partly without the vagina, styled by COLOMBAT the "*trou d'enfer*" of FEBURIER; or a gum bottle with a sponge on its anterior face, introduced into the canal; or tampons of fine linen, or soft sponge so adjusted as to occlude the opening. Of all these devices the metallic shield of Prof. MEIGS answers the best purpose, yet it must be confessed, all are but sorry contrivances, and will be soon abandoned. A rigid attention to cleanliness, by frequent ablutions, and the use of an inter-femoral napkin or diaper, will perhaps give the most satisfaction. FABRICIUS HILDANUS, as related by COLOMBAT, furnishes an instance of a case which was cured, after eight months, by vaginal injections, consisting of barley-water, and the mucilage of quince seeds; the following passage, in his quaint style, narrates the event, "*Illa autem continuo usa medicamentis (ut dixi) conglutinantibus, et per intervalla etiam purgantibus, intra menses octo, non sine admiratione omnium eorum quibus res cognita plane curata fuit, adeo nunc Dei optimi maximâ gratiâ ne guttula quidem*

urine involuntariæ affluat, sed a vesicâ colligatur, retineatur et excernatur non aliter ac si antea nunquam male affecta fuisset."

*Radical treatment.*—It was only about the beginning of the present century any attempts for the cure of this distressing malady were thought of, and only within the last fifteen years that any encouraging results have been attained. At present we approach the management of a case of vesico-vaginal fistula with the same degree of confidence as that of stone, or hydrocele. The history of the various methods practised for its cure—although most of them have passed into history—will be presented, as they furnish the most remarkable example of untiring, undismayed perseverance in the face of the most unpromising results, and of a fertility of professional resource to be found in no other department of medicine. These methods may be arranged under the following heads:

1st. By the catheter.

2d. By the catheter, conjoined with the tampon.

3d. By cauterization.

4th. By the uniting apparatus.

5th. By galvanism.

6th. By transplantation.

7th. By the suture.

*FIRST. By the Catheter.*—It is important to ascertain, at the earliest moment, the existence of a fistula, as a little well-timed attention may procure a cure without an operation. There are cases in which there exists a strong tendency to spontaneous cure, and advantage should be taken of this, and a catheter placed at once in the bladder, and worn for three or four weeks, the patient being confined to the recumbent position, and due attention to cleanliness observed. A number of such cases terminating successfully have been placed on record, by FABRICIUS HILDANUS, BLUNDELL, RYAN, SEDILLOT, CAMPBELL, of Edinburgh, NELATON, and others; and I doubt not similar ones may be recalled by many practitioners extensively engaged in obstetric medicine.

*SECOND. Catheter conjoined with the Tampon.* This is usually described as the method of Dr.

SAULT, although it more properly belongs to BOYER—the name of the former having doubtless become connected with it in consequence of the truss-like apparatus which he devised to sustain and retain the catheter.

A large-sized elastic catheter is introduced into the bladder, and its end slipped through an opening in a curved rod, one end of which is to be opposite the urinary meatus, and the other secured to an oval plate which rests on the pubes, and is in turn securely attached to a truss-spring surrounding the pelvis. This controls the catheter, by which means the urine is removed as rapidly as deposited. The margins of the fistula were next pressed toward each other by a round tampon, or plug, made of fine linen filled with lint, well oiled, and pressed into the vagina. It does not appear, of the many cases thus treated by BOYER, more than a single one recovered. With a very slight modification of the vaginal plug, others—as BAINES, GUTHRIE, YOUNG, and BARNES—have reported cures, the treatment continuing from six to twelve months. Those, curious to peruse these cases, will find most of them in the *Med. Chur. Trans.*, Vol vi., page 582; and the *Edinburgh Med. and Surg. Journal*, April No., 1824. COLOMBAT speaks favorably of this plan, provided the edges be first cauterized. It is probable any such cases reported as cured, recovered, not from the tampon, but from the persevering use of the catheter. The tampon could exert no influence whatever in pressing together the sides of the fistula, but just the reverse, by unfolding the rugæ or plications of the canal by distension. Let any one notice how a fistule gaps when the speculum is introduced, and the canal distended with air, and then, in withdrawing, how the sides collapse, and the demonstration will be clear.

**THIRD. Cauterization.**—Of this, COLOMBAT said, "It is the best method we can oppose to vesicovaginal fistula." The agents employed were either the nitrate of silver, or the actual cautery. The former was conveyed to the fistula by fixing a stick in a porte-crayon, and conducting it to the opening through a fenestrated speculum introduced into the vagina, and repeated every four or five days, followed by emollient injections to relieve pain. After the edges begin to assume a swollen, or raw appearance, a catheter, according to COLOMBAT, should be placed in the bladder. A few successful cases by this mode of treatment have been reported by DUPUYTREN, DELPECH, McDOWELL, of Kentucky, LISTON, COLLES, and FERRALL. When the cautery was used, a bean-shaped stillet, heated to a white heat, was applied

to the opening, a fenestrum shielding the vagina being first introduced—and the parts lightly touched so as to induce a superficial slough. The advocates for caustics have been CHELIUS, VACCA BERLINGHIERI, CZEKIERSKY, EHRLICH, MONTEGGIA, GUTHRIE, and COLOMBAT; for the hot iron, DUPUYTREN, DELPECH, BELLINI, McDOWELL, LISTON, BLASIUS, and DIEFFENBACH. The caustic treatment was somewhat modified by LALLEMAND, principally, who conjoined with it a uniting apparatus. This surgeon was so particular as to take an accurate cast of the fistule with a very plastic wax. After the edges were made sufficiently alive by the caustic, he adjusted his instrument, one portion of which acted as catheter, and through its openings hooks were made to protrude, penetrating the posterior lip of the fistula on its vesical surface. A roll of lint, or charpie, was next placed against the under surface of the urethra, and pressed upward toward the vagina by a moveable plate connected to the anterior extremity of the catheter, the object being to press the lower lip of the fistula toward the other or upper lip impaled by the hooks. DUPUYTREN attempted the same thing by a peculiarly constructed catheter. LANGENBECK very properly pronounces such devices as complicated, and devoid of practical value.

**FOURTH. The Uniting Method.**—LAUGIER, in order to bring the edges together, invented a pair of claw-forceps, the blades of which could be introduced separately, and after being implanted on opposite sides of the fistule, secured together, by which the coaptation was effected. Quite recently, an instrument, acting on the same principle, has been invented by Dr. BETANCOURT, while pursuing his studies in the University of Pennsylvania.

FIG. 1.

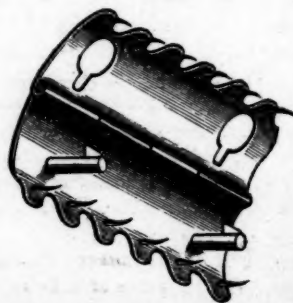


Fig. 1 is two light metallic plates connected by a hinge; their margins are scalloped, and support sharp hooks, designed to seize the margins of the fistula. In one plate are two eyes, and in the other, two moveable posts with shoulders, which are intended to pass through the eyes and hold the plates together.

These processes, unlike the others, act on the

vaginal surface of the opening. As to their value, it may be said of all of them, what LANGENDECK pronounced of LALLEMAND's mode, "they are theoretical, and devoid of practical value."

LALLEMAND, as far as I can ascertain, never reported more than a single case of cure, and even this VALPEAU declares proved a failure. LAGUIER confesses he had not succeeded in a single instance with his uniting forceps.

**FIFTH. Galvanism.**—The attempt to cure this malady by galvanism, is due to Mr. MARSHAL, of the University College, London. The impression was to be made by bringing the poles of a battery in contact with the sides of the opening, and was only another phase of the cautery. It only serves to demonstrate the straits into which men are thrown when they resort to such chimerical expedients.

**SIXTH. Transplantation.**—A very ingenious operation was devised and executed by JOBERT; it was by transplantation of tissue. The circumference of the fistula being drawn down, was freshened, a flap was raised from the inner surface of the labium, and being turned into the opening, was secured by a number of stitches; a catheter was kept constantly in the bladder during the treatment. In one case the growth of hair, the follicles of which were in the flap, induced a vaginitis, and also interfered with the execution of the conjugal act. In one case the material to form this fleshy obturator was taken from the buttock and thigh, and proved altogether successful in effecting a permanent cure. The results of four cases reported, furnish us with one cure, two failures, and one death. Where a large part of the vaginal-vesical septum has been destroyed, the operation of JOBERT might answer a valuable purpose.

**SEVENTH. By Suture.** The introduction of the suture marks an important epoch in the history of vaginal fistulæ. It was a step in the right direction. The credit of its introduction is due to ROONHUYSEN, a distinguished obstetrician at Amsterdam, who proposed its use in 1663. It was violently opposed long after by the celebrated PETIT, who asserted that incising and introducing a thread in parts so situated was a task almost incapable of execution.

The operation of ROONHUYSEN consisted in freshening the edges by means of a knife, scissors, or cutting forceps, operating through a speculum, then pushing across the opening needles, formed from the quill of the swan, and binding the parts together by winding about these novel pins, thread as we apply the twisted suture. LEWINSKI, long after, in 1802 proposed the suture. It

formed the subject of a thesis before the Faculty of Medicine in Paris. His instrument for placing the ligature was a catheter, carrying a needle which had a spring attached, and bearing a thread. This instrument was passed into the bladder, the spring pushed forward, making the needle to pierce the posterior wall, afterward the anterior wall, and securing by a *serre-noeud*.

VOLTER recommended after pairing the edges to coaptate by the interrupted suture. To execute this he used curved needles, threaded with waxed silk, and passed them at short intervals through the margins of the fistulæ, securing each by tying in a knot.

NAGELE's method consisted in removing the circumference of the opening with a knife or scissors, the edge of which was guarded by a shield, moveable at pleasure; then introducing the thread sutures by a peculiar needle, one end of which was supported on a ring, through which the finger could be slipped, and near to the other extremity or the point was an eye for the thread. The point was guarded by the finger while being carried to the fistulæ, and after the sutures were passed the parts were drawn together, by twisting their ends together and allowing them to hang out of the vagina. Not the least important part of his plan was the use of the silver catheter; but singular enough its utility was destroyed in a great measure by the attachment of a stop-cock, only allowing the urine to flow at particular times. The same authority proposed the use of gilt or silver pins, and around them silk threads. He employed likewise the gloves suture; and for stitching a watch-spring, with a needle point, and concealed in a la forest catheter.

FLAMANT manifested most concern about pairing the edges of the fistulæ, to accomplish which he advised the use of a knife guarded at the point to protect the adjoining parts. The attention of LE ROY was most directed to the same subject; and hence we find him proposing different forms of cutting instruments, and also a fenestrated speculum, with hooks to unite the sides, as a substitute for the suture.

SHRÆGER freshened the edges with a pair of curved scissors; deposited wax threads by means of curved needles, supported on a needle-holder, and made them secure by introducing the ends through a rosary of small wooden balls or beads, and making them fast by tying over a little cross-piece. The same surgeon used the gloves suture.

LUKE employed a bivalve speculum to expose the parts, angular knives to incise the borders of

the fistula, hooks to draw it down, and curved needles to deposit the sutures.

MALAGODI used a leather thimble, which he placed on the left index finger, and hooking it under the margins of the openings pared the edges when thus stretched, the approximation being made by silk threads introduced by curved needles, manipulated in the grasp of a needle-holder. To prevent urinary infiltration a catheter was worn in the bladder, and the vagina stuffed with lint or chapie.

EHRMAN recommended scarifying or canterizing the edges, and then bringing them together with sutures, passed by curved needles, managed with a porte-aiguille. When he used cauterization a tube was inserted into the vagina, and through it a brush, dipped in a mineral acid, was carried up to the fistulous opening. The speculum he employed was a tri-valve, and his sutures were inserted by curved needles.

GOSSET, surgeon at one time to Newgate, London, operated successfully in 1834 on a case by the following method: The edges were carefully pared; metallic threads, well gilded, were introduced by curved needles, passed with a needle-holder, and the sides brought together and so retained by twisting the wires. To keep the bladder empty an elastic catheter was worn, and the patient requested to lie on the breast. It is worthy of notice here that this surgeon, in executing his operation placed, his patient on her elbows and knees.

KILIAN separated the walls of the vagina with blunt hooks; used a silver catheter, curved, similar to the male instrument, to bring the fistula forward for incising; and with curved needles, directed by a Wutzer needle-holder, passed the requisite number of threads, which were secured by DESAULT's knot tightener.

[To be continued.]

#### ON THE APPARATUS FOR

#### NEBULIZATION OF MEDICINAL SUBSTANCES,

For Bronchial, Oral, and Posterior Nasal Inhalation, as well as for the production of Local Anæsthesia:

BY EPHRAIM CUTTER, M.D.,

Of Boston, Massachusetts.  
(Continued from p. 41.)

For the nasal apparatus, if the liquid tube is large, it is only necessary to fill it by blowing in the menstruum in the ordinary position, namely, in the bending of the liquid tube downward. Then removing it to turn the tube upward, and placing the tip of the instrument behind the soft palate, to continue the blowing until the charge

in the tube is exhausted, and this is usually a sufficient quantity for exhibition. Should it be desired to have a more protracted exhibition, the proximal large end of the liquid tube may be bent on itself in the shape of a letter U. The free end can be immersed in the liquid, and the administration can be protracted as long as desired.

The *Materia Medica* of this department embraces aqueous solutions, chloroformal, ethereal and alcoholic tinctures, and glyceroles. The strength of these agents varies according to the circumstances of the patient and the nature of the drug. The following list embraces some of the ordinary articles, with their approximative strength:

1. *Tannin* solution, gr. j.—gr. v. to fl. 3j water. Used in sore throat, indicated by injection of the mucus membrane with soreness, mucous bronchitis, slight aphonia, clergyman's sore throat, and catarrh of nares.
2. *Iodine*. Tincture of U. S. P. one-half to full strength. Asthma, bronchitis, tuberculization of the lungs, scrofulous diathesis, and catarrh of nares.
3. *Iodide of Potassium*, gr. j.—x to fl. 3j water; indication the same as above.
4. *Chlorate of Potash*, gr. j.—sat. sol. to fl. 3j water; sore throat.
5. *Alum*, gr. j. to f. 3j.—sat. sol. in water; as an astringent.
6. *Sulphate of Zinc*, strength ut supra as an astringent.
7. *Liq. Ferri pernitrat*,  $\frac{1}{2}$ —full strength as a hæmostatic in hæmoptysis.
8. *Sulphate of Iron*, gr. j.—x to fl. 3j. water.
9. Anodyne tinctures of Opium, tannin, hyoscyamus, and solutions of the salts of their active principles, such as gr. j. to the fl. 3j. water, to procure sleep when the same medicine is rejected by the stomach.
10. *Carbolic Acid*.
11. *Wine*.
12. *Nitrate of Silver*, gr.  $\frac{1}{4}$ —gr. 40 to fl. 3j water; in ulcerated sore throats.
13. *Sulphate of Copper*, gr. j. to fl. 3j water.

The administration may be made from once in an hour to once in eight hours, or once a day, according to circumstances. The length of the time of administration should continue from ten seconds to one minute *pro re nata*.

The method is still in its infancy, and this therapeutic field is open for harvests which promise richly.

The apparatus just described has had a new and exceedingly valuable field opened for its use in its recent application by the eminent Dr. B.



W. RICHARDSON, of London, to the production of local anæsthesia by the impinging of the atomized spray of common sulphuric ether upon whatever part of the body it is desired to operate.

It acts by refrigeration. So large an amount of latent heat is absorbed in the passage of the nebulized ether to the condition of a gas or vapor, that the parts in contact are frozen. The thermometer is reduced to about 40° Fahr. below zero. Dr. H. J. BIGELOW employs a hydro-carbon volatile at +80° F., and calls it Rhigolene. Dr. RICHARDSON was in the habit of cooling the ether by ice before use. But this is unnecessary.

The process has the following characteristics: simplicity, cheapness, celerity, and success. It is simple. It requires only the plainest form of the atomizing apparatus and a small bottle of common ether. It is cheap; because only a drachm or two of the ether is necessary. It is quick; the time required is only five seconds minimum to forty-five seconds maximum. It is successful; as the following cases of surgery show for themselves. It is simply applied; it being only necessary to blow the vapor on the part desired to be operated upon. The impinging continues for from five to forty-five seconds. If continued longer, as the benumbing acts by refrigeration, the part would become exsanguine and frozen, and exfoliation and desquamation would ensue. It is not necessary to carry the process to this extent for the production of the necessary anæsthesia. This lasts for about one minute. Should the operation be longer protracted, it will be necessary to repeat the application of the ether.

The operations to which this method is applicable are as follows:

The opening of abscesses, such as felons, deep-seated collections of matter under the fascia of the thigh, etc.; the extirpation of nævi materni, the extraction of teeth, the puncturing of synovial ganglions of the wrist, the extirpation of excrescences, small wens, tumors, warts, the paring of vesico-vaginal fistulæ, the paring and removal of corns and bunions, the removal of toe and finger nails, slivers, needles, thorns, and foreign bodies in the ear. Capital operations have been performed, such as the Cæsarean section successfully and painlessly. It may also be applied for the refrigeration of wounds of joints, etc.

The following cases are appended for illustration:

*Case I.* Physiological. This is typical of quite a number similarly tried, which were all alike in result.

My own hand was pricked with a pin, and gave

me the ordinary painful sensations. Upon applying the ether in a state of nebulization for about fifteen seconds or less, the point of the instrument being held within one inch of the skin, a space of about one inch in diameter when pricked with the same pin gave no pain whatever, and the only cognizance of the operation was the sensation of a foreign body touching the skin as if pressing on it.

*Case II.* My timid wife had a painful stump of the second right upper tooth, which I had in vain sought her permission to extract for fear of the pain. The atomized ether was applied to the anterior gum and the stump of the tooth for the space of half a minute, and then the stump was successfully extracted at once. My wife insists that she felt no pain whatever. There was a sensation of pulling.

*Remarks.*—This case was analogous to those published by Dr. RICHARDSON. The writer recommends his silver and platina in instrument for this dental anæsthesia. Its elongation, form, and point at right angles, admirably adapts it to this purpose. It can be applied readily to the deeper teeth, and to the gums outside and inside. It is less cumbersome than the vitreous instrument.

*Case III.* A timid lymphatic boy, twelve years of age, son of a farmer, had a diffused fluctuating swelling on the outer aspect of the left thigh, extending from just below the great trochanter to the lower half of the thigh. It was livid in look and "punky" in feel, except at the upper part. It had been three months in coming on. It was not very painful. With a home-made nebulizer of glass tubes, wood, and sealing-wax, it was anæsthetised. In half a minute the skin was punctured deeply with an abscess lancet, without pain. Subsequently on probing more deeply to find whether the bone was diseased, he complained bitterly, but he said that the primary puncture he did not feel at all. The discharge was thin and bloody.

*Case IV.* A man with a small abscess on the left point of the chin. This was nebulized with ether for thirty seconds, and punctured without pain, securing a free discharge of pus.

*Case V.* A lady of forty-one years, with a ganglion on the left wrist as large as an ordinary marble. This was nebulized with common ether for thirty seconds, and then pierced with a large number of subcutaneous punctures with a spear-shaped needle, *absolutely without pain.*

*Case VI.* A married lady, forty-five years of age, with hip disease of two years standing, indicated by pain in left knee, hip-joint, and thigh, shortening of the left limb one inch;

had a swelling appear over the left hip joint, and extend downward for about four inches. It was soft, distinct, fluctuating, and attended with severe pain. It may be well to add, that this swelling was consequent on the manipulations of a "spatting" doctor, who roughly bent the thigh out straight when apparently ankylosed at a right angle to the body! The ether was nebulized on to the lower part of the swelling, which was then opened with a straight bistoury, *absolutely without pain*. As the anæsthesia was passing off, the opening was enlarged, with a slight sensation of pain.

*Case VII.* A man was trodden upon the left instep by a calf. In a few days, on the extensor tendon of the great toe, midway between the ankle and toe, there appeared a cartilaginous elastic-feeling tumor, of the size of a marble. It was diagnosed as a ganglion of the theca. Atomized with common ether for about thirty seconds, it was so benumbed, that it was *painlessly* and subcutaneously punctured with a spear-shaped needle.

*Case VIII.* A young lady, 17 years of age, had a sore on the ulnar middle surface of the left forearm, which appeared to be a globe of  $\frac{1}{2}$ -inch in diameter. Its outer surface was red, and when pressed upon or accidentally hit, exuded a bloody serum. It was painless. Extirpation by the knife was proposed, with local anæsthesia. Being consented to, after some hesitation, the part was subjected to the stream of ether for sixty seconds, the spray impinging upon and covering a circular surface over one inch in diameter. It was separated by the knife in a few minutes, the patient said *absolutely without pain*. During the operation, the atomization was repeated twice. The general effect of the operation was shown by a paleness and slight faintness.

*Case IX.* Felon case. An Irishman, middle-aged, laborer, had a swelling, involving the extremity of the middle finger of the left hand. It had existed one week, and had kept him awake all of one night with the pain. It was dense, hard, and very painful to the touch. It was atomized with ether till it became white, and then opened freely with a knife. The anæsthesia was not complete. The patient said he was hurt considerably. But his manifestation of pain did not begin to compare with the symptoms shown by others when their felons were opened, and who experienced a similar amount of suffering during the exploratory palpation.

*Case X.* A boy, 18 years old, while fishing, caught a hook in the left thumb, next the middle of the nail, on the outer side. It was sunk below

the barb. The part was nebulized with ether for about forty-five seconds. It was attempted to be withdrawn, without success. This proceeding did not cause much pain. The hook was then driven forward until the point and barb appeared out on the other side, and were broken off. The hook was then withdrawn without pain or difficulty. The operation was very painful, as the under surface of the thumb was not anæsthetised. The process in this case was not very satisfactory.

*Case XI.* Attempted extraction of the third upper right molar tooth. The ether was applied for about one minute, on the outside and inside of the tooth. The first grasp of the instrument was not felt, but the tooth was crushed in the attempt at extraction, and the subsequent unsuccessful efforts to extract the remainder were evidently as painful as they would have been without the application of the anæsthetic.

Two days afterward, the patient appeared and said that the pain was as bad as ever. It was nebulized, and attempts were made to withdraw, with only the result of breaking off the tooth still more, and the after-pain worse than ever. I then called in an eminent and expert dentist, Dr. CLOUGH, who, after I had thoroughly nebulized the stump with ether, skilfully, though unexpectedly, removed the remains, which proved to be the fangs incurved and dowelled in by a portion of the alveolar process running in between. On the extremity of one fang, there was a sac filled with pus, as large as a common-sized pea. The last extraction, the patient said, was not felt as painful—establishing well the perfection of the local anæsthesia.

*Case XII.* A machinist, working a heated iron on an anvil, cleft off a sliver from the anvil, which rebounded and penetrated the ulnar aspect of the left forearm, midway between the wrist and elbow. It was hot, and caused a deep and freely bleeding wound, which was very painful. With the tin nebulizer, I inserted three deep sutures, *absolutely without pain*. In six days the wound was well-healed, and the sutures removed.

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— M. GAILLARD has just brought to the notice of the French Academy a method by which all danger from lucifer matches is obviated. It consists in simply dipping matches into sulphur after having plunged them into phosphorus; the sulphur being insoluble in water prevents the phosphorus from dissolving in alimentary liquid matter, so that all danger of poison is avoided; while the more powerful friction necessary to cause combustion will be the surest guaranty against fire.

# **BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.**

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

## **I.**

**Martyn Paine, M. D., LL. D., etc.**

"He thought as a sage, but he felt as a man."—JAMES BEATTIE.

Dr. PAINE, one of the oldest practitioners in this city, was born in Williamstown, Vermont, July 8th, 1794, and, though 72 years of age, continues to lecture with his accustomed zeal, and follows out, in his daily reading, the recent investigations of foreign philosophers. His father, named ELIJAH PAINE, married Miss SARAH PORTER, by whom he was blest with four sons—Elijah, Charles, George, and Martyn; and four daughters, Sarah 1st, Sarah 2d, Caroline, and Sophia.

Young MARTYN was at first instructed by private tutors, who took up their abode with his family, and strove to instil into his mind habits of observation as well as principles of study. Among these we find FRANCIS BROWN, subsequently President of Dartmouth College, and ASA BRAND, also a graduate of that institution, both men of keen insight into the rudiments of learning, and of a wide appreciation of the simplicity of youthful intellects. They strove to impress facts upon the mind, rather than force the scholars to commit to memory pedantic words. It was with them the great aim to lay a deep foundation of durable substance, rather than erect in the shortest time a superficial superstructure of what might truly be called, in this Frenchy age, a gingerbread edifice of fantastic aphorisms.

Young PAINE completed his rudimental course at Atkinson, N. H., under the guidance of Mr. Vose, and at once entered Harvard University, whence he was graduated in 1813. Experiencing a desire to enter upon the study of medicine, he became a pupil of Dr. JOHN WARREN, in whose office he remained for two years, when, his preceptor dying, he finished his preparatory course under his son, Dr. JOHN C. WARREN, both father and son being residents of Boston, Mass. Having been engaged in no other business whatever previous to his choice of medicine as a course in life, he entered the Medical Department of Harvard University, and was formally graduated M. D., at the end of the full period, in 1816. His Thesis on "Inflammation," was treated with a con amore spirit, for Dr. PAINE, during the best part of his life, was wont to maintain that most diseases are of an inflammatory character, and require antiphlogistic treatment.

In 1847, he visited Europe, and travelled extensively through England, Scotland, and Ireland, France, Germany, Italy, Switzerland, and other places of interest. Dr. PAINE made one important discovery during his sojourn abroad. It was that in each place he visited, the food of the inhabitants was regulated by experience, without regard to chemical analysis; and, as was the case before LIEBIG's day, "upon the soundest physiological principles." He maintains that, throughout the world, the man of science may alleviate suffering and relieve disease, but not improve on the general diet of the native, for the experience of generations has led them to the best selections.

From 1816 to 1822, he practised in Montreal, Canada East, and then removed to New York, where he has since resided as a practitioner. In 1825, he married Miss MARY ANN WEEKS, daughter of EZRA WEEKS, of New York, and became the father of three children, Elizabeth, Robert Troup, and Elijah. His eldest son, Robert, was a young man of great promise, studious habits, and vivid imagination; and his early death, when just on the verge of manhood, cast a shadow over the horizon of his kind father's nether world, that will never be removed. While it saddened his life, it brought out the brilliant traits that emanate from benign resignation.

Being a Protestant Episcopalian, Dr. PAINE has taken a deep interest in the efforts of the Church, and fully endorses the words of unhappy BYRON, that "all save the heart of man's Divine." On asking him once his opinion of the theories of Bishop COLENSO, he replied, "Rank atheism must follow in his footsteps."

Without limiting himself to any favorite branch of disease, the Doctor has more particularly confined himself to a special method of treatment, namely, bloodletting. With him the lancet and tartarized antimony have been found most efficacious. The following case will give an excellent idea of the Doctor's course in practice. When prostrated by acute pneumonia, he had himself bled nearly two pounds, and took five grains of blue pill, also two drachms of castor oil. Ten hours after this, the "symptoms having recurred," the Doctor was bled to the extent of about twenty-four ounces, took half a grain of ipecacuanha, every four hours, and two grains of the compound powder. Alterative doses of tartarized antimony were administered every two or three hours, but not carried to the extent of nausea.

About twelve hours after the last bloodletting,

on a return of the symptoms, Dr. PAINE decided to be bled again, in a local manner, and caused twelve large leeches to be applied to his chest, and the bleeding to be kept up several hours. The alteratives were continued, and one five-grain blue pill taken. The next morning, the symptoms increasing, Dr. JAMES C. BLISS was requested to bleed the Doctor again, but declined, not deeming it necessary, as he had already lost much blood. Dr. PAINE still urged bloodletting, as he desired to carry out on himself what he had main'tained in his lectures for so many years. He was accordingly bled about twenty ounces more, and on the ninth day after this last bleeding, was found sawing wood in his garden. No other medicine had been taken, and no blister was required. The Doctor also claimed that his digestion, which had been formerly impaired, was greatly improved. This case has been published in Dr. PAINE's Institutes, page 870, but it is so characteristic of his entire course in life, that with but little change it has been transcribed.\* On another occasion, Dr. PAINE bled a patient in a moribund state twenty ounces, and he recovered "steadily and rapidly."

As a proof of the Doctor's firm belief in this method of depletion, I have in his own handwriting the following sentence, "After having been in practice fifty years, I place it upon record, that I have never failed of abstracting blood in pneumonia, pleuritis, puerperal fever, and, with rare exceptions, in erysipelas, and that I have never lost a patient affected with either of the last three diseases, and one only with pneumonia, a child of three years, and this, in my judgment, from insufficient bloodletting."

Once while conversing with him, he said to me, in speaking of a mutual acquaintance, "Yes, sir; that young man has been very near death's door many times, but the lancet has saved him. He is just twenty-one years old, and I have bled him twenty-one times, but you see he is not dead yet! Depend upon it, sir; the present system of iron, brandy, and stimulants will be abandoned after a little more experience."

After passing my examination with Dr. PAINE for my degree I waited upon another Professor, to undergo the same anxious questioning, and as his plan of treatment was so different from the Doctor's, I could not help remarking to him, "How singular life is, Doctor;

I have just come from Dr. PAINE, where I answered in each case that he put to me, 'the treatment is bloodletting, sir;' and now I am to tell you, sir, that under no circumstances whatever is the lancet to be used. This is very perplexing to a student."

On another occasion, I met Dr. PAINE at the Redwood Library, Newport, R. I. The conversation turned to the war, and the rapid progress of the rebellion, with the difficulty of putting it down. "Sir," said he, with an eloquent sparkle in his eyes, "expectant treatment will not do in this case. The disease is of a highly inflammatory character; and the only remedy—copious, frequent, and heroic bloodletting. Iron may be administered as a *purgative*, but bloodletting alone can save the body politic. Depend upon it, Doctor, they cannot contradict me in this case;" and laughing heartily, he walked off.

On asking him if he would be a Doctor again, I received the following reply, "I think that there is no pursuit more useful, intellectual, moral, of greater religious tendency, or more conducive to happiness, than medicine, while it is the most recondite and responsible."

In regard to the use of tobacco, Dr. PAINE does not approve of it. He never smoked, and is opposed to the practice. And to those who have not heard his lecture on "Tobacco, and its Injurious Effects as a Luxury," the treat cannot be fully described. King JAMES of old would have knighted the Doctor, could he have heard his vituperative discourse, the earnestness of his manner, and the strength of his language. His arguments are forcible, his statistics correct, and he almost persuades one to abstain.

As an instance of the simplicity of his genius, and his deep and cherished love of nature, the following anecdote cannot fail to be of interest to those who know the Doctor well and the gentleness of his disposition.

While visiting his friend, Dr. J. W. DRAFER, at whose charming country-place in the suburbs of Hastings, he was a guest, Dr. PAINE undertook to work in the garden, weeding flower-beds and trimming branches. One day, he took off his coat and hung it on the vine above his head, and went on with his work; but when he returned for his coat, he found that two little sparrows had selected one of the side-pockets as a future residence, and had already deposited some little sticks and threads, pieces of straw, and were busily engaged in planning their future home. The Doctor was delighted. He looked on the feathered filibusters with pleasurable interest; left his coat for their abiding place, returned

\* Cases of a similar nature may be seen in COPELAND'S Medical Dictionary, vol. 2, page 796, and 12th No. of the New York Medical and Physical Journal. My late father, JOHN W. FRANCIS, M. D., etc., lost, during an attack of laryngitis, 132 ounces of blood, and recovered.



to the house and procured another, and during his stay, watched their progress. He has this coat now in his possession, with the very nest.

Dr. PAINE's height is 5 feet, 6½ inches, and weight 140 pounds, and his general health is good, saving occasional indigestion, which is much benefited by judicious exercise and a plain diet.

In the year 1838 it was deemed advisable to create a Medical College in connection with the University of New York City, and Dr. PAINE was duly elected to fill the chair of the Theory and Practice of Medicine; but owing to certain delays incident to all important movements, the step was abandoned, and it was not until 1841 when Dr. PAINE himself, in company with Drs. VALENTINE MOTT, JOHN W. DRAPER, GRANVILLE S. PATTISON, GUNNING S. BEDFORD, and JOHN REVERE founded the University Medical College, which at once supplanted the former medical department which had been associated with it. Dr. PAINE was selected Professor of the Institutes of Medicine and Materia Medica, which position he held till 1850, when he became the "incumbent" of the chair of Therapeutics and Materia Medica, which official capacity he has occupied up to the present time.\*

Not many years since the University of Vermont (the Doctor's native State) conferred on him the degree of LL. D.; and other domestic societies have elected him an honorary and corresponding member. Among these we find him a member of the Royal Verein für Heilkunde in Prussia, the Gesellschaft für Natur, and Heilkunde zu Dresden, Medical Society of Leipsic and Sweden, Montreal Natural History Society, etc. etc. etc. The Doctor is also connected many literary and historical societies in this country, and is a Fellow of the New York Academy of Medicine.

With regard to his favorite theories and original discoveries, Dr. PAINE's must ever stand high on the subject of the *reflex* action of the nervous system, and almost any physiological or mechanical fact based upon this theory. Though many have sought to share the credit of these

most interesting views, and the morbid causes of the disease the result of this action, Dr. PAINE's claims to priority are permanently recorded in print, and may be read with benefit.\*

Up to the year 1854 a stringent law was in force against any dissection of the human body in the State of New York. A person caught in the act was liable to hard labor in the State's Prison. Besides, the sympathies of the poorer classes were often exercised at the mere thought of such a deed, and one or two occasions were the source of riot, bloodshed, and threatening of the life of any medical man. The "Doctor's Mob" was brought about by the exhibition of only one limb, and much talk.

Many applications had been made to the Legislature, but with no success. Prejudice seemed immovable.

About this time Dr. PAINE was earnestly requested by his colleague professors of the University Medical College to appeal, in person, to the Legislature, and bring about a repeal of the law that kept down scientific investigation. The following official correspondence, being historical in a medical point of view, is eminently worthy of permanent record, besides explaining many facts not generally known:

June 4th, 1853.

DR. MARTYN PAINE—

*Dear Doctor:* At the faculty meeting, yesterday, a resolution was passed unanimously, requesting you, if you can do so conveniently, to go to Albany and endeavor to effect the passage of the Anatomical bill. It was the opinion of the faculty that if you would make the attempt you would certainly succeed, etc.

Yours, truly,

JOHN W. DRAPER, *President*.

To this application Dr. PAINE sent an unqualified refusal, stating, among other reasons, the "apparently insuperable prejudices against dissections of the human body." In the fall the doctor received another official letter, of which the following is a copy:

UNIVERSITY MEDICAL DEPARTMENT, }  
November 3, 1853. }

*My Dear Sir:* The faculty, at their last meeting, resolved that it is expedient for them to endeavor to have practical anatomy legalized at the ensuing session of the Legislature; and they moreover directed me to address to you an urgent letter, with a view of inducing you to reconsider your intention of not going to the Legislature this winter; for they feel that you would, with certainty, succeed in carrying this important measure if you will consent to undertake the mission. May I, therefore, hope that you will

\* This college was burned to the ground during the conflagration of the Academy of Music, May, 1866, which resulted in the entire loss of Dr. MOTT's most valuable Anatomical Museum, which he bequeathed to the public at large, and the private museums of Drs. VAN BUREN, A. C. POET, and some most interesting collections of Drs. DRAPER, besides destroying Dr. PAINE's Herbarium, minerals, and rare paintings of botanical specimens. The Faculty planned a new college at once; held temporary meetings and clinics at the New York Hospital, and are now making speedy arrangements to erect a new building on a better site, or what is much better, may incorporate a college in connection with the New York Hospital.

\* See Institutes of Medicine, by MARTYN PAINE, M. D., LL.D., etc. Article—Rights of Authors. Page 922. Fifth edition. 1854.

gratify your colleagues in this particular, and have the pleasure of giving them information to that effect.

Yours, truly,

JOHN W. DRAPER, *President.*

This second and strong appeal produced the desired effect; and though Dr. PAINE saw great personal sacrifices of time and labor, under many painful circumstances, and in direct opposition to the popular feeling, he consented, and forthwith entered with zeal upon his new diplomatic mission. The bill met with little delay in the Senate, but was most violently opposed in the House of Assembly, and its ultimate success was chiefly due to the personal explanation made by Dr. PAINE during private interviews with those in power, which he kept up with abiding hope till nearly every member of the Legislature became familiar with the nature of the subject. During this period it became the topic of discussion in the House of Assembly; and as its passage as a law required the votes of two-thirds of all those elected to the Legislature, it continued to occupy public attention for three months before Dr. PAINE ventured to put the bill to the final test. The requisite number of votes could only be secured by making it a special order for a future day.

But the end of labor had not yet come. Four opposing members promised Dr. PAINE to withdraw their negatives, should it be necessary, for the passage of the bill. The Clerk of the House agreed to continue calling the absentees so long as any one might answer to his name, and great interest was exhibited on both sides. A bright prospect seemed to shed its rays, but at the time of final voting a fierce opposition arose and continuous argument was kept up, with a view to consume the time allotted to this matter. This, however, was brought to a close, and the "bone bill," as it was maliciously designated, was put to the vote. At the first roll call there were absent four affirmative votes; but when the absentees were called two of these responded. A third call brought to light a third affirmative man. And now suspense was painful; for by the temporary absence of this last affirmative the bill might be lost, and the winter's labor become as nought. The "faithful clerk" pronounced the names of the absentees once more, when three affirmatives came forward according to promise, and this all-important bill, for the benefit of medical science, became a law by the assistance of two additional and extra votes—67 yeas to 43 nays. In the Senate the final vote was 23 yeas to 3 nays. The principal causes of this formi-

dable opposition were local prejudices and a lobby influence which rejects any advancement for the amelioration of mankind until a very Midas lends his golden touch. Even at this time the Board of Councilmen of the city of New York presented a printed protest, in which they urged "the Representatives in the Legislature to oppose, by every means, the passage of any bill legalizing dissection of dead bodies." Irish and German emigrant societies, probably influenced by presentiment, forwarded strenuous remonstrances, and printed denunciations of the bill were circulated throughout the city of Albany, signed by individuals of certain power. Yet when the bill became a law it met with entire acquiescence.

On asking Dr. PAINE which one he considered the most valuable of all the medical plants, his reply was as follows: "Were it not that we possess in arsenic a good remedy for intermitting fevers, and also in other things, I should regard cinchona as the most useful of medicinal plants; but with the advantages of the foregoing substitutes, jalap would take the first rank, and I have a very high opinion of the plant which yields the castor oil." On requesting the Doctor's opinion regarding intoxicating drinks, I received the following comprehensive reply: "Alcoholic liquors are so much in favor with the world that there can be no doubt that it would be the greatest of all temporal blessings, both to the sick and the well, were they expunged from existence."

#### List of Works by Dr. Paine.

1. Letters on the Cholera Asphyxia, as it appeared in New York in 1832. 8vo. Pp. 160. First published by Dr. JOHN C. WARREN, of Boston, Mass. in *Periodical Journals*; subsequently in New York by COLLINS & HANNAY.
2. Experiments to ascertain whether the quantity of blood circulating in the brain may be reduced by blood-letting. In *Medico-Chirurgical Review*, London, April, 1834.
3. Medical and Physiological Commentaries. 2 vols., 8vo. Pp. 1531. Published by COLLINS, KEESÉ & Co. New York: 1840. And vol. 3 in 1844, which last consists of a collection of essays which had been published at intervals, among which may be found an interesting one on the Philosophy of Vitality and the Modus Operandi of Remedies.
4. Institutes of Medicines. 8vo. First edition 1847, and eighth edition 1865. Pp. 1145. Published by HARPER & BROTHERS, New York.
5. On the Soul and Instinct, physiologically distinguished from Materialism. 12mo. Pp. 173.
6. Organic Life as distinguished from the

Chemical and Physical Doctrines. Pp. 53. Second and enlarged edition. Published by E. H. FLETCHER. New York: 1849.

7. Memoir of ROBERT TROUP PAINE. 1000 copies, illustrated. Quarto. Pp. 524; and one copy folio for Harvard College Library. Privately printed by JOHN F. TROW, New York, 1852.

8. On Theoretical Geology, sustaining the natural constitution of the Mosaic Records of Creation and the Flood, in opposition to the prevailing geological. 8vo. Pp. 121. 1856. This first appeared in the *Protestant Episcopal Quarterly Review*, April, 1856, New York, and embraces a philosophical interpretation of the Mosaic narrative of creation.

9. Materia Medica and Therapeutics. 12mo. Pp. 411. Third edition. 1859. Published by S. S. & Wm. WOOD, New York, and originally appeared in 1842, under the title of a Therapeutical Arrangement of the Materia Medica, and was published at that time by J. & H. LANGLEY.

10. Reviews and essays in medical and other periodicals, among which were seventeen articles, showing the great superiority of medical education in the United States over that in Great Britain, founded upon parliamentary documents, which appeared editorially in the *New York Medical Press* from January 29th to June 4, 1859.

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
June 16, 1866. }

SURGICAL CLINIC OF D. HAYES AGNEW, M. D.

Reported by Dr. Napheys.

### Fracture of Inferior Maxilla.

The fracture of the lower jaw in this man is situated a little to the right of the median line, passing completely through the alveolar processes, as well as the body of the jaw. The accident was caused by his falling from a cart, the wheel of which passed over the injured part.

There has been much trouble in the management of this case, in consequence of the displacement which ensued. The outer fragment, attached to the ramus of the bone, was drawn inward and upward, in consequence of the contraction of the internal pterygoid and the masseter. Probably, of all the fractures the surgeon is called upon to treat, there is more difficulty in the management of those of the inferior maxillary, than of any other bone. There have been a great many methods suggested where there is this derangement of the parts, for getting them into line and so retaining them. A very common one is to tie the teeth together, when they are entire, with silk thread. For this

purpose, wire has been substituted. Unfortunately, the teeth will soon become very sore or loose from the application of wire, obliging an abandonment of its use. Then there are all kinds of models adapted to the surface of the jaw. That made of binder's board softened in water, and accurately adjusted and secured by an ordinary BARTON or GIBSON bandage, answers an excellent purpose. Still, notwithstanding all these contrivances, there are some cases which will perfectly defeat all efforts, and unless something more effective is devised, there will be deformity.

In this case, an apparatus has been made which may be called an inter-dental splint, as it is placed between the dental arches of the upper and lower jaw. It consists of two pieces of hard rubber, slightly grooved, one placed inside of the other, and the two united by screws. The two fragments are placed in the lower groove, and the screws are then tightened. If there be a tooth removed, a tube can be inserted, through which food may be drawn.

The apparatus was placed upon the fragments, which were brought into line, the upper teeth being lodged in the upper groove, between the two plates, and the lower in the groove below. The jaws were then bound together by a BARTON dressing.

The rubber not being acted upon by the secretions from the mouth, does not become offensive.

Vulcanized rubber makes a much neater support for the jaw than any other preparation. By heating, it can be moulded into any shape desired, and adapted to the surface much more accurately than binder's board can be. It also makes admirable light splints for the arm and shoulder, holes being cut into it, where there is a compound fracture, to allow washing of the parts and drainage.

### Compound Fracture of Tibia.

Drayman, æt. 27. He was brought into the hospital on Wednesday night. While upon his dray, his horse kicked him upon the front part of the leg, a little below the knee, directly over the spine of the tibia. When he entered the hospital, there was an opening in the front of the leg, welling out blood, and a great deal of discoloration and ecchymosis in the surrounding parts. On examination, it was found that the tibia was fractured, the fibula, however, perfectly sound. This case is not simply a fracture of the tibia, but there is an external wound, which communicates with the fracture, thus constituting compound fracture. The mere presence of this external wound changes the whole character of the injury, rendering its treatment necessarily more prolonged, and making it more liable to complications in the course of the cure—the difference being more than equivalent to that between a subcutaneous cut and one made through the skin. A compound fracture is of serious import, because the patient must expect to go through a long process of suppuration, liable to risks of pyæmia, erysipelas, and necrosis. If his habits are good, as in this case, still a favorable prognosis may be given.

In treatment, the limb is to be placed on a pillow, in a fracture-box with sides, and leadwater



and laudanum applied, covered with oiled silk, just precisely as would be done in a simple fracture of one or both bones. If the wound be a small one, try to convert the compound fracture into a simple one, by closing it with adhesive plaster, or collodion and gauze. It is well always to attempt this conversion, which will also stop any bleeding which may be taking place.

As soon as suppuration commences, which will probably be in two or three days, the bran dressing will be used. This dressing, which is peculiar to this hospital, was introduced by Dr. BARTON. The bran is spread in the ordinary fracture-box, forming a bed upon which the limb is placed, and then surrounded and covered with it. It absorbs the discharges from the wound, can be made to compress the limb with more accuracy than any roller, prevents the extension of pus into the cellular tissue between the muscles, and keeps the air pure in the neighborhood of the patient.

#### Detachment of Tendon of Patella.

There was no fracture of the patella in this patient, but the tendon was detached from the lower portion of the bone. He has been in the ordinary dressing for about six weeks, and is now able to move about very well. In order to give the limb proper support, it is encased in a lace splint, which consists of buckram stiffened with whalebone, extending four inches above and below the knee, with a little opening in front, firmly bound by shamois, through which the patella projects. The advantage of a dressing of this kind, even in fracture of the patella, is that it allows the connective tissue to continue to contract by the support it gives. Although the gap may be one-fourth or one-half of an inch, it will be considerably diminished, if this support to the fragments be worn persistently.

#### Incised Wound of the Neck.

This colored woman, some time ago, received an extensive wound of the neck, commencing at the sterno-cleido mastoid of the right side, and passing as far as the median line, at the hands of her husband, who seized her by the hair and then drew a razor across the throat. It extends through the sterno-cleido-mastoid muscle down to the cricoid cartilage, not involving any of the great bloodvessels.

Wounds of this character are usually between the hyoid bone and thyroid cartilage, or between the thyroid and cricoid. It is not often they are inflicted below the cricoid cartilage. Persons attempting suicide, by a fortunate ignorance, think that the vessels are more readily reached above, where they are protected by the prominence of the larynx. The vessels most frequently cut are the superior thyroid. When the cut is made below the hyoid bone, it opens the pharynx, and if very deep, may divide the epiglottis cartilage. When it goes through or below the thyroid, it will enter the larynx. If it be below the cricoid, then the trachea and, almost necessarily, the large bloodvessels will be involved.

In this case, merely the superficial and deep fasciæ and the sterno cleido-mastoid are injured. The profession is by no means agreed as to the propriety of sutures. In all cases where the in-

cision does not extend deeper than the deep fasciæ, there is no difference of opinion. In this case, sutures have been inserted, and the union has taken place nicely in its entire extent, and the lead sutures may now be removed.

When the wound passes through the larynx or trachea, in part or entirely, it is alleged that sutures can do no good, as the movement of the larynx and trachea in every act of deglutition disarranges them, and they ulcerate through. The truthfulness of this account is by no means established. Sutures can be successfully introduced by putting one set through the perichondrium, or fibrous tissue of the cartilage, uniting them, and then using another set to approximate the soft parts or skin. If the first set are not placed sufficiently deep to include the mucous membrane, what harm can result?

The chin should be brought down toward the sternum, so as to keep the lips of the wound in position. This can be accomplished by attaching a night-cap to a circular bandage around the chest, with lateral slips. The patient should be allowed no more food than is just necessary to keep soul and body together, for a few days. After that, it may be introduced with more facility. It is frequently necessary to introduce an œsophageal tube to pour liquid aliment into the stomach.

When a large portion of the epiglottis is severed, it is better to cut it off, as it only wabbles about, and may, by falling into the larynx, threaten suffocation.

The stitches were removed, and several pieces of adhesive plaster substituted.

JEFFERSON MEDICAL COLLEGE,  
April 4th, 1866.

#### SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

#### Case of Long-Continued Presence of Foreign Substances.

Mrs. W—, thirty-eight years of age. Three years ago a piece of glass from a broken bottle entered the hand on the inner side of the ball of the thumb, where it has remained ever since. The scar is of an indurated character. Such a substance as this is never absorbed, and its presence sometimes excites the most violent neuralgic pains, and is even liable to produce tetanus. The indication is, therefore, to remove it promptly.

Quite a large piece of glass was extracted, after considerable difficulty in trying to seize it, owing to the firm manner in which it was imbedded.

#### Case of Sebaceous Tumor.

George W—, seven years of age. He has a tumor, situated on the right cheek, just outside of and below the external canthus of the eye. It is apparently immediately beneath the skin, movable and, though quite hard, has a semi-elastic feel. He does not complain of any pain in it. The integument is perhaps a little more red over its outer surface than over the parts around. The mother states that the swelling was first noticed eight months ago. The history of the tumor, its consistence, its situation just beneath the skin, its mobility, and the appearance of the integument,



show it to be sebaceous. There is another little tumor of the same character over the upper part of the sternum.

The sebaceous tumor is originally formed in the skin, but it gradually pushes itself beneath it. It is produced by the closing of a sebaceous crypt or follicle, the secretion of which thus retained, acts as an irritant to the wall of the crypt, which becomes gradually hypertrophied, until at last a tumor is formed, sometimes of the dimensions of a pullet's egg, or even of an orange. The contents of this encysted tumor resembles spoiled mutton, suet, or tallow, and are nothing but the natural secretion of the gland, altered in character. The proper remedy is extraction, and unless every particle of the cyst is removed the operation will be in vain, as there will be a reproduction of it. These tumors never assume malignant action. The fibroid degeneration is one of the most frequent forms which they undergo.

An incision was made across the tumor on the cheek in a horizontal direction, so as to bring the line of the scar in correspondence with the natural rugae of the part. The contents of the cyst were turned out, and it was then carefully dissected from the surrounding structures, with which it was firmly connected.

#### Case of Strabismus.

Mary F—, forty years of age. Convergent strabismus of both eyes. She was operated upon many years ago by Dr. CROSSMAN, an itinerant operator, who traveled through the country soon after the operation was first performed by DIERFENBACH, of Berlin.

The internal straight muscle of the right eye, the worse one, was divided, and the operation upon the left, which may not be necessary, postponed for a week.

#### Case of Necrosis of the Thigh Bone.

John M—, twenty-seven years of age. He has been a sailor for seven years. The right thigh was run over by a car five years ago; swelling ensued, an abscess formed, and a portion of the bone died. There are two openings, about three and a half inches apart on the inner side of the thigh, nearly over the course of the femoral artery. The probe introduced through either comes in contact with a rough surface, upon which it grates, showing the presence of dead bone. One opening is surrounded by a sort of nipple-shaped body, produced by granulations. At the other this formation is not so distinct. This nipple-shaped appearance around an opening, lasting for any considerable space of time, is characteristic of necrosis or caries. Operations for necrosis at the lower portion of the femur are dangerous, especially when the dead bone points behind in the popliteal region, because of the liability to hemorrhage, primary and secondary, which has been fatal.

The patient having been placed under the influence of chloroform, the openings were laid into one by an incision connecting them, and the soft structures dissected off from the new bone, the gouge being used for this purpose as preferable to the knife. The parts were pretty vascular, and bled freely, as the vessels could not readily contract, owing to the indurated character of the

surrounding structures, in consequence of the deposit of lymph. The dead bone being removed, the edges of the openings were trimmed off, their whole track being incrustated with a semi-organized matter, which, if allowed to remain, would interfere with the reparatory process. The debris was thoroughly washed away by a stream of water thrown from a large syringe. Three little pieces of bone were removed, consisting mainly of the compact structure of the femur. The edges of the wound were brought together by one suture and a few strips of adhesive plaster, carried two-thirds of the way around the limb. An oiled compress will be placed over this, and confined with a few adhesive strips. The parts will be allowed to remain in this condition for about three days; then the wound will be injected with a weak solution of permanganate of potassa or chlorinated soda, partly as a stimulant and partly to promote cleanliness.

#### Case of Torticollis.

Alfred B—, aged nineteen. He has been affected in this way ever since he can remember. The distortion which he presents in so marked a manner is the result of the contracted condition of the right sterno-cleido-mastoid muscle. The head is held forward, and there is quite a prominence behind, formed by the cervical vertebrae. The head is drawn by the contracted muscle over to the right side while the chin is inclined to the left. The tense, rigid condition of the affected muscle can be both seen and felt. It has undergone some pathological changes and been converted into a sort of fibroid tissue. In order to liberate the head and neck from their constrained position it is necessary to divide the sterno-cleido-mastoid muscle subcutaneously.

The operation was performed by inserting a tenotome behind the affected muscle and dividing it from behind forward about an inch above the sternum. The head was then readily restored to its natural position. It will probably not be necessary to use any apparatus whatever.

LONG ISLAND COLLEGE AND HOSPITAL, }  
Session, 1866. }

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the Chair of Obstetrics.

#### Menstrual Derangements.

*Scanty Menstruation and Anæmia. History.*—Ellen F—, aged 16 years; sewing girl; was quite healthy and strong until two years ago, when she began to suffer from debility, and occasional headache and dizziness. These symptoms continuing, she became constipated, and her appetite failed. For about the last six months she has also had dyspnoea, and palpitation of the heart on taking active exercise; and for a short time she has had oedema of the face and legs. The menses appeared first at fourteen years of age, and have continued regular in recurrence, but the flow is scanty and light-colored.

*Present condition,* March 8th. The patient has a tolerable amount of flesh, with a delicate, but not unhealthy appearance. The eyes are bright and glassy-looking, and she changes color

frequently during the examination, becoming flushed and pale alternately.

The pulse is rapid, thready and compressible, and she complains of a sense of weakness and pain in the gastric and cardiac regions.

*Treatment.* Prescribed as a laxative.

R. Ext. sennæ, f.ʒij.  
Syr. rhei ar., f.ʒiiss.  
Tinct. rhei, f.ʒss. M.

Sg. Two teaspoonfuls at bed-time, and the same in the morning, if necessary. Gave as a tonic.

R. Ferri pyrophosphatis, ʒiiss.  
Tinc. columbæ,  
Aque font., aa f.ʒiiss. M.

Sg. A teaspoonful three times a day, half an hour before meals. Ordered good nutritious food, and light exercise in the open air.

*Progress of the case,* March 21st. The appetite is improving, and the bowels are more regular. Continued the same treatment.

March 29th. Improving; continued the laxative, and ordered

R. Tinct. ferri chlor., f.ʒiij.  
Chinchonise sulph., gr. xv.  
Syr. simp., f.ʒj.  
Aque font., f.ʒij. M.

Sg. A teaspoonful in water, three times a day, before meals.

She continued to take the first and second tonic prescribed alternately, until April the 24th, when she reported that her menses were normal in color, quantity and duration. All of her former symptoms had disappeared, and she had a full pulse, and a good—almost a florid color of the face. Dismissed cured.

*Commentary.* This case illustrates, very well, the clinical history and symptoms of amenorrhœa when attended with anæmia. Confinement in close crowded rooms, as was the case with this patient, impairs digestion and assimilation, and impoverishes the blood. The red corpuscles, failing to obtain the required supply of iron from the blood, become deficient in their essential proximate principle hæmatine, and the albuminous constituents of the liquor sanguinis are diminished from the same cause; in other words, anæmia is produced. This condition of the blood lowers all the vital powers. The uterine function is especially liable to suffer. Menstruation is a sign of perfect health, and is rarely performed normally, excepting when the general system is in a sound condition. This knowledge of the causation of the patient's affection shows plainly that the object to be attained by treatment is the restoration of the blood to its normal condition by supplying the deficient constituents. To accomplish this, it is necessary, in the first place, to improve digestion, because remedies of a restorative character can only reach the blood by that process. With that view the bitter tonics and laxatives were given; the one to stimulate the stomach to increased action, and the other to keep the bowels regular. By taking these means of regulating the digestive organs, we are more sure that the iron given will be assimilated. Iron is the great remedy for anæmia, but to get its effects we must make sure that it enters the circulation, which it

cannot do, any more than the nutritive elements of the food, when there is indigestion.

The pyrophosphate of iron, given in this case, is, of all the chalybeates, the best for anæmic females suffering from menstrual derangements. It is pleasant to take, and readily absorbed; and in addition to its restorative effects as a hæmatic, it is a peculiar nerve-tonic. It contains phosphoric acid, which is set free in the blood, and stimulates the nerve-centers.

#### Emanatio Mensium.

*History.* Mary L—, aged 16½ years; had always enjoyed fair health, but never was very robust. About one year ago she began to suffer from general debility, loss of appetite, weakness of the back, and lassitude. In addition to these symptoms she had, recently, occasional attacks of vertigo and palpitation of the heart, with coldness of the hands and feet.

*Present condition,* May 1st. She has never menstruated. Her pulse is feeble, and she has a spare, anæmic appearance. The bowels are regular, but the appetite is poor.

There are no signs or symptoms of organic disease of any kind.

*Treatment.* Ordered her to have good food, with out-of-door life. Prescribed

R. Ferri pyrophosphatis, ʒiiss.  
Tinct. columbæ, f.ʒss.  
Aque font., f.ʒiij. M.

Sg. A teaspoonful, three times a day, before meals.

*Progress of the case.* She continued under treatment until the fourth of June, at which time her general health and strength had gradually improved, and her former symptoms had mostly disappeared. The tonic treatment was continued. As she had a well-marked menstrual molimina first of the this month, it is fair to presume that the menses appeared subsequently.

*Commentary.* There are many causes for the non-appearance of the menses at the usual time; the one present in this case is among the most common, viz., anæmia.

Close confinement, hard work and poor food, so impair the general health, that the system is unable to establish menstruation. The popular idea is, that the non-appearance of the menses is the cause of the ill health. Hence, we are often asked to bring them, on under the delusive expectation of our patients that they will then be well, but in this case, and mostly, in all such, the order of cause and effect is reversed. It is a sad blunder when the physician adopts—as is too often the case—the popular notion, and prescribes emmenagogues. His labor is ever in vain, and the patient cannot but be worse for such medication. The object of treatment certainly is to restore the patient's general health, and when that is accomplished, the uterine function, as a rule, will be established.

#### Amenorrhœa Caused by Exposure to Cold.

*History.* Kate F—, aged 25 years; married three months. Was always healthy, and menstruated normally, until about one week ago, when it was time for her to be unwell, but she failed to be so. She states that at that time she was wash-

ing, and, exposing herself, took cold. She has not felt so strong and active as formerly.

*Present condition*, April 7th. She has a rather pale appearance, but no other symptoms of ill health, excepting an intense neuralgic pain in her breasts. This pain brought her to the clinic for relief.

*Treatment.* Prescribed

R. Lin. saponis,	f. ʒiij.
Tinct. aconiti,	
Tinct. opii,	aa f. ʒij. M.

Sg. Apply thoroughly to the breasts, several times a day.

*Progress of the case*, March 14th. The pain in the breasts is much less severe. Her menses came on two weeks after the proper time, and were natural in color and character, but were very scanty. She complained of pain in the small of the back, and was constipated. Her tongue was coated, and she had a slightly jaundiced appearance. Prescribed,

R. Resinæ jalapæ,	gr. iss.
Hydrarg. chloride mit.,	gr. ij.
Ext. colocynth comp.,	gr. vi.
Pulv. gambogię,	gr. i.
Potassæ carb.,	gr. i.
Ol. anisi,	gtt. i.
Ext. zingib.—fluid,	q. s. M.

Ut fiant pil No. iij. Sg. Taken at bed-time.

The pills were followed by a tonic, of the pyrophosphate of iron and the tincture of colombar, given in a previous case.

March 28th. Patient states that she feels as well as she ever did. Dismissed, with instructions to return if her menses did not prove to be natural, and her health good.

*Commentary.* In this case it was very difficult—indeed impossible—to make a positive diagnosis at first; fortunately, it was not necessary to be absolutely sure of the nature of the trouble in order to institute treatment. The question was whether the arrest of the menses was due to pregnancy, or exposure to cold. As there were no signs of pregnancy, barring the suppressed menses, it was presumed that no such physiological obstruction existed. To be on the safe side, however, it was considered best to relieve her most urgent symptoms, and wait for developments.

After a short time the only ground for suspecting pregnancy was removed, by the menses appearing, and the diagnosis was cleared up. The cause in this case is one which frequently gives rise to amenorrhœa, which, if allowed to continue, soon undermines the general health. While it is confessed that debility and anemia often originate menstrual derangements, it must be allowed that the suppression of the menses as certainly produce anemia. The treatment employed was with the view to relieve pain, and promote the general health. Had the case been seen when exposure checked the menses, it would have been necessary to use means to bring on the discharge. The best of these are Dovz's powder, with camphor, rest in bed, warm foot-bath, and the free use of warm drinks. When these means fail, or when, as in this case, the patient is not seen until the time for menstruating has passed, it is best to

attend to the general health, remove constitutional symptoms, and wait for the next period, at which time most usually the menses will return.

*Menorrhagia from Plethora.*

*History.* Mary C—, aged 16 years; has always been healthy and strong. She has lived out of doors a great part of the time, and worked hard. She came to this country, from England, five months ago; and when about to undertake the voyage her menses came on, and were natural in every respect, as they had always been since their first accession. But they did not return after the above date until six weeks ago, when they came on copiously. Since then they have continued profuse and clotted, and there has been slight abatement in the amount of discharge.

*Present condition*, March 29th. Patient complains of headache, vertigo, and ocular spectra; feels dull and heavy, and has a slight pain in the back, and a sense of fullness in the pelvis. She is rather fleshy, has a remarkably florid countenance, and a slow, full pulse. Her bowels are constipated, and her tongue is coated.

*Treatment.* Ordered,

R. Magnesia sulph.,	ʒij.
Potassæ bitart.,	ʒi.
Aquæ font.,	ʒij. M.

Sg. To be taken in wineglassful doses, sufficiently often to move the bowels two or three times a day.

She was also ordered a vegetable diet, interdicted the use of animal food, and directed to give up the use of beer, which she had been in the habit of using.

*Progress of the case*, April 3d. The menorrhagia has stopped, and she feels much better.

Continued the treatment, with a more nutritious diet. In a month her health was perfectly restored.

*Commentary.* This case is of interest, as it illustrates two very important forms of menstrual derangement; suppression of the menses, and menorrhagia. Coming on in this order, shows the clinical fact that the one is liable to follow the other, and that each exists, and is perpetuated by a similar state of the system. It is by no means uncommon to have menorrhagia following suppression in a plethoric habit; and this suppression is very liable to occur in such subjects during a sea-voyage. From the number of newly arrived females who come to this clinic, suffering from suppressio mensium, it is evident that crossing the ocean is an important exciting cause of this disorder, but in what manner it produces this result it is difficult, if not impossible, to explain. The predisposing cause of this patient's troubles was evidently plethora. We can readily imagine how plethora would originate menorrhagia. It appears as if the system was endeavoring to relieve itself of an excess of blood by a process similar to a hemorrhage, but it is not so clear how plethora would favor the arrest of the menses, nevertheless such is the fact. There is another important point regarding menstrual derangements, which is, that amenorrhagia and menorrhagia also arise from a state of the system the opposite of plethora, viz., anemia. This



singular fact clearly shows how important it is to take due notice of the state of the general health when employing treatment for the functional disorders of the uterus, and how unsatisfactory our medication must be if directed solely by the name of the disease or its symptoms. The treatment should be based on the constitutional condition of the patient; hence the same course of medication is often called for in amenorrhagia and menorrhagia. In either case, correct any existing disorder of the digestive organs, and restore the blood to its normal condition. If the blood is too rich it should be reduced by low diet, and medicines, such as saline and hydragogue cathartics, which by their action reduce the amount of liquor sanguinis. When anæmia is present, supply the want of hæmatine and the albuminous constituents by chalybeate tonics and good nutritious food. By restoring, in this way, the general health, the menses, if absent, will appear, and if too free, will become natural in amount.

#### Menorrhagia, with Anæmia.

**History.** Ellen D—, aged 35 years, is married; has had three children, but no miscarriages. Her menses were regular and natural until three months ago, but since then they have come on twice a month quite freely, and have lasted about ten days at a time.

The discharge is natural in quality and color, and has not contained clots of blood, but it is attended with pain in the back, of a dull aching character, and is very free. She has had free leucorrhœa before, and after the menstrual flow, but not in the interval.

**Present condition.** The patient is very much debilitated, and has a well-marked anæmic appearance. Her appetite is poor, and her bowels rather constipated.

**Treatment.** Ordered a good nutritious diet, laxative pills to keep the bowels regular, and the following tonic:

R. Ferri pyrophosphatis,	3iss.
Tinct. colombebæ	f. 3ss.
Aque font.,	f. 3jss. M.

**Sg.** Two teaspoonfuls before meals, in water. She was also ordered to keep quiet, and avoid stimulating food and drinks while menstruating. This patient did not return.

**Commentary.** In the majority of patients who have presented themselves at the clinic with menstrual derangements arising from anæmia, the disease has been amenorrhœa, but in this case we have the opposite condition. The cause appears to be the impoverishment of the blood, which favors stasis in the uterus during the act of menstruation. In normal menstruation the weight of the uterus is nearly doubled by the accession of blood to its tissues, and then by the tonicity of the parts, the blood is forced out, and the organ regains its normal size at the completion of the period; but in a case like this, from lack of tonicity, the uterus remains engorged, and the blood leaks away passively, producing menorrhagia. In treating the case, the indications to be fulfilled were, to restore the blood to the normal condition, and by that means increase the power of the nervous and vascular systems, and then the menstrual disorder will disappear.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Disconnection of the Incus and Stapes; its effects upon Hearing, etc.

Dr. TOYNBEE, at a recent meeting of the *Royal Med. and Chirurg. Society*, presented his eighth series of observations on the diseases of the Ear. We condense an abstract of the paper from the *Brit. Med. Journal*.

The tensor tympani ligament keeps the membrana tympani and the chain of bones in a naturally resilient state. The function of the chain of bones is twofold; 1, to transmit sonorous vibrations from the drum to the expansions of the auditory nerve; 2, to act as the analogue of the iris in the eye, by adapting the labyrinth for the reception of sonorous vibrations having varying degrees of intensity. In proof of the first named function stand the experiments of SISSAGOUS and DESSAINS, by which faint undulating lines were produced by a slender style, attached to the base of the stapes during the vibration of the drum by sonorous undulations. In proof of the second function of the drum, the fact was cited that, during the act of listening, the stapedius muscle relaxes the membrana tympani, and the membrane of the fenestra rotunda; on the contrary when a loud sound is expected, the tensor tympani muscle draws tense the membrana tympani, and the membrane of the fenestra rotunda.

The pathological conditions alluded to in Dr. TOYNBEE's paper were: 1, simple disconnection of the incus and stapes; 2, disconnection of the incus and stapes, the long process of the incus being absent.

1. Simple disconnection of the stapes and incus, if attended with no other lesion, is not productive of any appreciable deafness, inasmuch as the tensor tympani ligament is able to keep the two bones in contact, and the action of the tympanic muscles is not interfered with. But if the membrana tympani or its ligament, be relaxed, in addition to the disconnection of the stapes and incus, then the function of hearing is interfered with, and often only to this extent, that the patient can hear only when the voluntary act of listening is performed; that is to say, when by voluntary muscular effort the incus is held in contact with the stapes. In this class of cases, gentle pressure on the outer surface of the drum by any resolvable body, restores the natural power of hearing, and the distress produced by the necessity of constant listening is quite overcome.

2. But if the membrana tympani, or its ligament, be much relaxed, then no voluntary effort can bring the stapes and incus into contact, and great deafness is the result. This deafness is also remedied by the application of an artificial membrana tympani, which, gently pressing upon the outer part of the chain of bones, keeps the incus and stapes in contact.

3. This disconnection of the incus and stapes also occurs in conjunction with partial or complete loss of the long process of the incus, the membrana



tympani being entire. The treatment in this class of cases consists in pressing inward the membrana tympani, so as to place its inner surface in contact with the head of the stapes, and to retain the two structures in contact.

The lesions referred to also take place when the membrana tympani is perforated. When there is disconnection of the incus and stapes, together with a thickening of the mucous membrane, or the ligaments of the articulation, the treatment consists in keeping up gentle pressure upon the outer surface of the long process of the incus; when the long process of the incus is absent the pressure must be upon the head of the stapes. In order to exercise gentle pressure upon the ossicles, and still to allow the muscles to move the ossicles, the author has recently suggested a new kind of artificial drum, in the shape of a small globule of India rubber containing air.

#### Atmospheric Conditions Influencing the Prevalence of Typhus,

is the title of a paper by Dr. T. W. GRIMSHAW, published in the *Dublin Quarterly*. From carefully conducted observations, registered in a diagram which accompanies the paper, the author concludes:

1. That an increase in the moisture of the atmosphere favors an increase in typhus, and *vice versa*.
2. That an increase of temperature favors an increase of typhus, and *vice versa*.
3. That the two previous conditions combined are most favorable to an increase in typhus, and *vice versa*.
4. That when cold and moisture combine, the former tends to diminish the influence of the latter.

#### Poisoning by Carbonic Oxide; Successful Transfusion of Blood.

Dr. A. S. MELDON reports, according to the *Medical Press and Circular*, an interesting case as having lately occurred in Berlin. A young man was found apparently lifeless on the floor of his apartment. Dr. BADT was immediately in attendance, and declared it to be a case of poisoning by carbonic oxide gas. He had the body at once removed to a spacious room, having free access of air. Artificial respiration was had recourse to, and every effort made, both by Dr. BADT and Dr. SACHS, to resuscitate the man. At first there seemed but little hope; but gradually a return of the natural respiration, accompanied by a feeble pulse, were perceived. The patient improved, and there seemed every prospect of recovery. Toward two o'clock, however, the pulse became almost imperceptible, the respiration became slow and short, and all the symptoms of approaching death began to develop themselves. As the last resource, Dr. BADT proposed transfusion. Professor MARTIN consented to operate, and introduced a previously well-warmed tube into the median vein, and slowly injected blood. The results were extraordinary; the pulse increased in strength, the respiration became deeper, the eyes immediately opened; the cheeks, before of a ghastly paleness, reddened, and in a

few minutes the patient was able to swallow a little water. Nevertheless, he lay in an almost unconscious state until midnight. The next morning, however, he was so far recovered as to be pronounced out of danger. The blood was taken from his brother, as well as from a Commissionaire. Cases of poisoning by carbonic oxide are of frequent occurrence in almost every part of Prussia, owing to carelessness in shutting the valve of the stove, by which the gas generated by the burning wood or coal is unable to escape.

#### Hydrocele.

Dr. H. ROGERS, of Dunkirk, N. Y., reports in the *Buffalo Medical and Surgical Journal* a case of radical cure of hydrocele by means of injection of a solution of *ammonia ferric alum*, in the proportion of ten grains to the ounce of water, retaining it for several minutes. The case had previously resisted injections of iodine, port wine, and excision of part of the tunica vaginalis. Dr. ROGERS regards emptying the sac several days previously to introducing the injection, thus giving the distended parts time to contract well, in which condition the remedial agent acts with more efficiency, as an important element of success in operations for radical cure by injections.

## Reviews and Book Notices.

**On Foreign Bodies in the Ear; With a Bibliography and a Condensed Statement of the Present Condition of Aural Surgery.** By LAWRENCE TURNBULL, M. D., Aural Surgeon to Howard Hospital, etc., Philadelphia. Extracted from the Transactions of the American Medical Association. 1865. Pp. 23.

So few give especial attention to affections of the ear, that there is great convenience in having a list of authors to refer to about them. We regard this as the most valuable part of Dr. TURNBULL's paper. His observations, however, upon the removal of foreign bodies from the ear, are interesting; the preference being given to the syringe, as an instrument, with the occasional aid of a delicate bent wire. Dr. TURNBULL's retrospect of the advancement of aural surgery during the last eleven years is rather too brief to be satisfactory. Thus, while TOYNBEE is said to have made known the "double function of the chain of bones," we are not told anything of the nature of that function. Of the nature and pathology of the Eustachean tube, it is also stated, "much has been discovered;" but of its physiology, all that is mentioned is, that it ought to be open only during the act of swallowing. The authority and evidence of this should have been stated, as it has in itself great improbability.

The inspection of the external meatus and membrana tympani is considered to be best made

by using WILDE's modification of GRÜNER's conical speculum, with the glass reflector of TAÉLTSCHE and a lamp. In conclusion, the words of a member of the New Sydenham Society are quoted, to the effect that "this branch of surgery has now been raised to the dignity of a true scientific study."

**Why Not? A Book for Every Woman.** The Prize Essay to which the American Medical Association awarded the Gold Medal for 1865. By HORATIO ROBINSON STORER, M. D., of Boston, Professor of Obstetrics, etc., in Berkshire Medical College, etc., etc. Boston: LEE & SHEPARD. 1866. 18mo. Pp. 91.

Considering the *ad captandum* style and title of this volume to be redeemed by the authorization of the American Medical Association, officially given, we have read it carefully. It deserves the approval awarded it, as a well-prepared and well-written thesis upon its subject; and it may do good. Certainly thousands of people, otherwise well educated, do not realize, if they know at all, that human life begins with conception; that all measures to produce abortion, except by instrumentation, are uncertain, and that all are dangerous, not only to life, but to health, if survived.

We have only to regret that in a few instances the earnestness of the author leads him to speak in a tone almost of exaggeration, which in this, as in every case, must so far weaken the cause upheld. So, one or two unnecessary assertions or allusions are made; as, on p. 61, the statement, which seems to us unwarrantably strong, that "the prevention of pregnancy, by whatever means it be sought," except refraining from intercourse or restricting it to a portion of the menstrual interval, "brings both parties down to all the evils and dangers, mental and physical, of self-abuse." The comparison was here not needed, and the parallelism is not complete. Enough to pronounce that sexual congress can only be healthy when it is perfectly natural. The degrees of injury depend upon the amount of deviation from physiological laws, and this is not the same in the two cases cited, if the terms are employed in their most accustomed sense.

Again, it is too much to say that (p. 80) in the married state "total abstinence may, as far as the health is concerned, be as injurious as is the other extreme of excessive indulgence." We believe that perfect health may be found in both sexes to be compatible with absolute continence, in the married, quite as well as the single state. The infrequency of such an occurrence does not prove its impossibility.

More still, we regret that Dr. STORER should have suggested a comparison on the ground of ethics, between a resort to prostitution by a husband to avoid pregnancy at home, and the intentional causing of abortion to escape it (p. 76.) There is no advantage to be gained from such a comparison. The tendency in the reader's mind must naturally be to have his objection to the one kind of immorality lessened, by its being regarded as preferable to another, while his estimate of the latter depends upon other evidence, and is not thus aided. We do not understand Dr. STORER as advocating the *tolerance* of prostitution, although he admits it as inevitable. To pronounce, and give any arguments, in its favor, would, it seems to us, do almost as much toward unsettling public and private morals, and even health, as the condemnation of forced abortion can promote them.

Lastly, since there are degrees in the crime even of murder, we doubt the judiciousness of an appeal to the moral sense in just such language as that quoted by our author from a previous work of his own (p. 79); where "wholesale murders, far out-Heroding BURKE and HARE," are named in the same breath with that which, criminal and injurious as it is, has often been the sin of ignorance, untinted with malice, in those quite incapable of grosser crime.

In a word, the exact truth, without any coloring, tells always best in the end. So much of this is put forth, well expressed, in this Essay, that we wish and hope for it an extended circulation and many readers.

**Cholera: Its Characteristics, History, Treatment, Geographical Distribution, Sanitary Prevention, etc.** Illustrated with Lithographic Map and Microscopic Drawings. Reprinted, with additions, from the *Cincinnati Journal of Medicine*. By WILLIAM B. FLETCHER, M. D. Cincinnati: R. CLARKE & Co. 1866.

All views, as well as facts, concerning epidemic cholera are now being thoroughly debated, without, as yet, unanimous agreement in the profession upon even the most fundamental points. Part of this discordance no doubt is due to different modes of using terms. We find in Dr. FLETCHER's brochure an interesting compilation, which, however, adds very little to what has become of late the common stock of medical knowledge upon the subject. Constituting, as it does, a very creditable article for a medical journal, its reprint was naturally suggested by the desire to extend still further the knowledge contained in it, in anticipation of the probable visit—still probable, although delayed—of the pestilence.

## Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 21, 1866.

### REUBEN DIMOND MUSSEY, M. D., LL.D.

Among the great and good men of our profession, the name of Dr. Mussey has for a long time occupied an eminent position, though for several years past, he has, by reason of age and infirmity been somewhat withdrawn from the more active duties of his profession.

Dr. Mussey was gathered unto his fathers at the city of Boston on the 21st of June, ultimo, at the ripe age of eighty-six years and two days. Only about five weeks previously, the venerable man had been called upon to part with his wife, who died, at the age of seventy-six years, on the 14th of May.

Dr. Mussey was born in New Hampshire, Rockingham county, Pelham Township, on the 23d of June 1780. For an extended biographical sketch of him, his early trials, his perseverance, his triumphs, with a record of his labors, and a list of his publications, see the *NEW-JERSEY MEDICAL REPORTER*, vol. vii. p. 510. This notice must be regarded as a *post scriptum* to that, the two forming a complete, though brief record.

The *Cincinnati Gazette* says of him:—"Eminent as a man of science, and of remarkable skill as a physician and surgeon, he added to his intellectual and professional acquirements the noblest qualities of the heart.

The record of his career is full of interest to medical men, and his triumphs over obstacles of no ordinary magnitude, are inspiring to all who are striving for success in any honorable calling.

Any account of Dr. Mussey's life which omitted a reference to his characteristics as a reformer and Christian, would be incomplete. He was early a laborer in the temperance cause, and applied the same principles which induced him to discourage the use of wines and spirits, to articles of diet. For a long period he drank nothing but water and abstained from animal food. Those who most differed from him on this subject could not but respect the sincerity and high sense of right which guided him.

A zealous member of the church, his religion exhibited itself as much in practice as in belief. He was literally full of good works. He gave liberally, but unostentatiously, to every good object, and offered his services gratuitously to those who needed, but could not pay for them.

His memory will long be cherished in thousands of grateful hearts, to whom he was endeared as the faithful friend and counsellor as well as the beloved physician.

Hon. E. D. MANSFIELD, in a notice of him in the *Christian Herald*, of Cincinnati, says that

both in the Church and in the Profession of Medicine, Dr. Mussey's name was

— "clarum et venerabile nomen."

"He had lived to what men called a good old age, and like a shock of corn, full of golden grain, was gathered to the harvest of his Lord and Master. There was no more doubt about what his true character was, than about one of the patriarchs. There are, no doubt, many persons, who think such a character as that of Dr. Mussey, ascetic, austere, or narrow,—because no real Christian lives of whom some persons will not think this. If it were not so, there would be no difference between the Christian and the man of the world; but those who knew Dr. Mussey, and especially Christians, could find nothing in him which seemed ascetic or severe. On the contrary, he seemed naturally an amiable man, and one who possessed great mildness of disposition, and kindly affections.

Dr. Mussey was, in every sense, a religious man. He was one of the few men who seemed to carry their religion about them. He acted on the idea, that the life of a Christian must conform to his theory. He must do unto others what he would have others do unto him, and live unspotted from the world. So he did live, so far as human eyes could see. \* \* \* Pure—consistent—peaceful—Mussey lived and died. A soldier of the Cross, he fought the good fight of faith, and will receive the crown.

\* \* \* He was a strong temperance man, and in that showed not only the wisdom of the Scriptures, but the wisdom of practical life; for the statistics of civilization show that the jail, the hospital and the grave are filled with countless hosts of those who are destroyed by the curse of Intemperance. Both as a soldier of the Cross, and as the friend of man, Dr. Mussey was the unyielding advocate of Temperance. Whether on this account, or from some peculiar views of physiology, Dr. Mussey was a vegetarian, and practised what he preached.

Whether there, or in Ohio, or in Boston,—in private practice, or in Medical Colleges,—the habits of industry, economy, and perseverance, with which he began, never left him. With these he had a quality, which is very rare; but which, in popular phrase, pays well, and marks an original mind. This is, never to lose the opportunity of acquiring a new idea or a new fact. This is an unusual, but very valuable quality, and one which marks a vigorous intellect, as well as sagacious instincts.

The Cincinnati Academy of Medicine, says of him:

"As a lecturer, he was clear and concise, and in all that constitutes a good teacher, he was among the best. He was eminently a truthful and honest man. His name has been historic for near half a century, and his fame as one of the greatest surgeons of the age is co-extensive with the march of medical science throughout civilization. And having been the first President of the Academy, be it

*Resolved*, That in the death of Dr. R. D. Mussey the profession has lost a good and great



man, who reflected honor on it by his scientific operations and the uprightness and purity of his life.

Our record of this great and good man must close with the following account of a meeting of the medical profession of Cincinnati, which has been sent us for publication.

A meeting of the medical profession of Cincinnati was held at the Medical College of Ohio, June 29, 1866.

Dr. GEORGE C. BLACKMAN stated that the object of the meeting was to express the deep-felt sentiments of the profession of this city, in reference to the life and character of the late REUBEN D. MUSSEY: whereupon Dr. DAVID JUDKINS was elected President, and Dr. SAMUEL SEXTON, Secretary of the meeting.

On motion, a Committee of five, consisting of Drs. John A. Murphy, George C. Blackman, M. B. Wright, John Davis, and Jesse P. Judkins, were appointed to prepare a preamble and resolutions, expressive of the sense of the meeting. The following were then presented and adopted:

"WHEREAS, In the providence of God our distinguished friend and brother, Dr. R. D. MUSSEY, has been removed to another world, we express our deep sense of sorrow. For more than fifty years he was a successful surgeon and physician, and a benefactor to humanity. He added greatly to the progress of the art and science of medicine. Equally distinguished as a physician and surgeon, his whole life was characterized by the highest sense of moral duty, and in all relations, professional and social, uprightness and purity of motive and action characterized him. Few men have passed in the profession a better or more useful life. To labor with him was a duty, and to do good especially to the poor, was his highest pleasure.

"To many of us he was almost a father, who not only by his sound medical teaching, but the kind and tender interest, the sober advice, and the correct life, taught us to love him, and to imitate him in all his good works. Known throughout this country as well as in Europe, his loss will be regretted by all; therefore, be it

"Resolved, That in the death of Dr. MUSSEY the profession of Cincinnati has lost a father, a great surgeon and physician, the city a good man, and humanity a true friend.

"Resolved, That a copy of this preamble and resolutions be forwarded to the family by the Secretary, with the sympathy of this meeting in their grief.

Dr. MURPHY embraced the occasion to express the deep feeling he had, in view of the death of so distinguished a man. He dwelt upon his character as a safe and judicious Surgeon, his uniform kindness, professionally, to both rich and poor. He mentioned several incidents illustrating his truthfulness and honesty of action. That, although he continued in the profession until he reached an age beyond that usually allotted to those engaged in so arduous a mode of life, yet he was still young in his appreciation of the progressiveness of surgery and its collateral sciences.

Dr. J. P. JUDKINS, who was Demonstrator of Anatomy in the Ohio Medical college when Dr. MUSSEY took the Chair of Surgery, referred, in remarks of much interest, to many traits of deceased's character; to his constant efforts to do good and elevate his fellows; his exemplary life. He never had forgotten many of the wise precepts

in surgery, medicine, and morals, impressed upon him in earlier days by Dr. MUSSEY. Dr. JUDKIN's remarks were of an exceedingly interesting character.

Dr. GEORGE C. BLACKMAN, who succeeded Dr. MUSSEY in the Chair of Surgery in the Ohio Medical College, wished to pay his tribute of respect to the memory of this great surgeon. He extolled Dr. MUSSEY for his brilliant surgical career, for his operative ability as well as his contributions to the surgical and medical literature of his day. He prominently brought before the profession several capital operations not before generally adopted,—as his operation of ligating both primitive carotid arteries in the same patient, thereby cutting off the great source of supply of blood to the brain, the patient recovering from the effects of the operation, and living to justify that bold practice. This gave faith to surgeons in America in this operation, and placed them in advance of their Continental brethren. Dr. BLACKMAN mentioned a number of brilliant operations of the deceased, which combined to give him that distinguished reputation abroad which he enjoyed.

Dr. M. B. WRIGHT, although he did not feel that he could add anything to what had been said, spoke of their intercourse having commenced in 1838, as colleagues in the Medical College of Ohio.

Dr. W. spoke glowingly of the many great traits of the deceased, and finished his remarks by relating his consultation with Dr. MUSSEY in his great original operation for the removal of the arm, including its attachments of scapula and clavicle.

Dr. DAVID JUDKINS, the President of the meeting, made a few touching remarks concerning his relations with Dr. M., which were of long duration and of an intimate character. He referred to his intense love of truth—his geniality of manner when approached by men younger than himself in the profession—his devotion to the cause of Christianity—and concluded by saying that in the death of Dr. MUSSEY, the profession and the world had met with signal loss.

It was resolved by the meeting to attend the funeral in a body. The meeting was the largest and most respectable of any of the kind held in this city for many years, attesting to the high professional esteem in which the deceased was held by the medical profession. Before adjourning, Dr. GEORGE C. BLACKMAN was appointed to prepare and deliver before the profession and others, at his earliest convenience, and address on the life and services of Dr. REUBEN D. MUSSEY.

DAVID JUDKINS, President.

SAMUEL SEXTON, Secretary.

Among the children of Dr. MUSSEY may be mentioned, W. H. MUSSEY, M. D., of Cincinnati, late United States Medical Inspector. Brevet Gen. R. D. MUSSEY, once a reporter of the Boston press and lately Military Secretary to President Johnson. Rev. CHARLES F. MUSSEY of Batavia N. Y., and a daughter, wife of LYMAN MASON, Esq., a distinguished lawyer of Boston, with whom he spent the last eight years of his life.



**LIME INHALATIONS IN DIPHTHERIA.**

Dr. H. BEIGEL, of No. 3 Finsbury Square, London, writes to the *British Medical Journal* a short letter, in which he ventilates a little ill temper, we think, at his "American cousins," and also proves himself to be very well posted in the theory, and *very little* in the practice of the subject of which he talks.

He objects to passing over a notice of Dr. GEIGER's article (published some time ago in the *REPORTER*, and copied in the *Brit. Med. Journal*), for two reasons:

"First," he says, "it is true that lime possesses a great dissolving power on diphtheritic membranes. But to learn that, I assure you, you need not go to Ohio; for the fact is well known in this country, as well as on the continent. See, for instance, my book *On Inhalations*, etc. etc."

"Secondly," Dr. B. continues, "Dr. GEIGER, in Ohio, has only *imagined* to have used lime; but, as every one who is acquainted with the first rudiments of chemistry will easily see, has not done so in reality,"—because he claims nothing but steam is evolved by the heat during the slaking process.

In spite of Dr. BEIGEL's high authority, (?) he having published a book on inhalations, we are compelled to assert that he is laboring under a mistake. *Theoretically*, nothing but steam should escape during the process of slaking lime; but *practically*, during the sudden and violent ebullition of the process, the hot steam generated with great force and bursting in bubbles, carries with it quite numerous particles of lime, as any one can satisfy himself by proper experiment. There is nothing remarkable about this rudimentary fact of practical chemistry, except that it should be unknown to British authors on "Inhalations."

**INJUNCTIONS.**

The Metropolitan Board of Health is laboring to struggle forward under a tremendous weight of *injunctions*. They require more than ever the unanimous support and coöperation of all good men who have the sanitary welfare of the commercial metropolis of our country at heart.

But the worst injunction under which the Board is suffering, especially its *medical members*, is the injunction placed upon it by the medical profession of the United States, for wantonly and inexcusably compromising with error, and for attempting to conciliate impostors at the sacrifice of long-established truths, by inviting homœ-

opaths to take charge in the treatment of cholera patients.

This injunction is self-inflicted, and the Board has the power of removing it at once. As we still believe that the medical members of the Board, in consenting to it, acted simply *hastily* and without due consideration, we beg them to see that this *moral injunction* is removed.

The profession of the United States, looking with pride and high expectation on the medical members of the Metropolitan Board of Health as exponents and representatives of sanitary and medical science in the United States, have a right to hold them responsible for all official acts.

*You have consented to invite homœopaths to take part in the treatment of patients placed under your charge. Do you believe that you have a right to sacrifice life to humor a popular delusion? If you do, the profession which you represent DOES NOT.*

The ACADEMY OF MEDICINE of New York has, by special resolution, protested against your act. Are you willing to bear the injunction of the medical profession of the United States at the next meeting of the American Medical Association? If not, and if you have at heart the interests of the profession, you must do one of these three things: Either satisfactorily explain your position—or force a reconsideration of the obnoxious resolution—or resign.

**THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.**

Although there are grave doubts whether the International Medical Congress, in behalf of which we last week gave the call of the Paris Central Committee, will ever be able to assemble, in view of probable *war events*, still it is desirable that when it *does* assemble, the profession of the United States should be represented.

We therefore call upon the profession to give timely expression and to offer suggestions regarding the proper mode of securing such representation. We live under democratic institutions, and as there is no fixed central medical government, the profession should act *in time* to secure a worthy representation, and to provide the pecuniary means necessary to that end.

To this purpose, we shall gladly give insertion to communications which our readers may send.

**THE PARIS EXPOSITION.**

In our advertising columns will be found a notice calling for contributions to the Surgical Department of the Universal Exposition at Paris,

which we earnestly hope will meet with a prompt response from all who are interested in the progress of surgery.

We understand that this department of the Exposition will be opened as soon as practicable, in consequence of the terrible war that is now devastating Europe, that the surgeons of the contending forces may avail themselves of every improvement in the treatment of the casualties of the battle-field. Dr. CRANE proposes to leave in a few weeks, with the first instalment of articles for the exhibition, and he desires to carry as complete a collection with him as possible.

We would urge our readers to give this call an extended circulation, and to do all in their power to aid those who have interested themselves in making this unique, but, in the present condition of the world, exceedingly valuable and important collection.

#### CARE OF INEBRIATES.

We fear that as long as our law-makers are mere politicians, there will be no check to the evils attending the sale of intoxicating beverages. Prohibitory legislation, and the laws rigorously enforced, constitute the only certain cure for intemperance. Without it, families and the community must continue to suffer the untold miseries, pauperism, and crime, which are the necessary concomitants of any system that allows the sale of intoxicating drinks.

If we must have drunkards in the community—and it seems to be in the interest of politicians that we should have—then we need proper institutions for their treatment when they become incapable of taking care of themselves. The State of New York has set a worthy example by establishing at Binghamton a noble institution for this purpose, and its necessity is shown by the great numbers who have applied for admission to its wards, being anxious to deprive themselves of personal liberty, if they can only escape from the enemy which has insidiously encircled them within its toils.

We are glad to see that an effort is being made to establish a similar institution in this State. A number of prominent individuals have associated themselves together under the title of the *Citizens' Association of Pennsylvania*, and obtained a charter with this object in view. The following extract from Section 1, of the Act of Incorporation, gives the objects in detail.

"Having power to purchase and possess lands (not to exceed in quantity one thousand acres); to erect buildings for the cure of the intemperate; to open employment offices; to establish branch associations in the various cities and counties of

the Commonwealth, and in the different wards of the City of Philadelphia; to examine into the causes and statistics of pauperism, vagrancy, and crime, and do whatsoever they may for the prevention of the same, and for the restoration and elevation of the depraved and ignorant classes of society."

The Association has issued a very spirited stirring address, from which we would be glad to quote if we had the space. The sum of three hundred thousand dollars is needed to fully carry out the benevolent intentions of the Association, and we sincerely hope it will be obtained soon. Dr. JOSEPH PARRISH, of this city, is President of the Board of Directors.

## Notes and Comments.

#### Cholera Literature.

There are in three weekly numbers of the *British Med. Journal*, which we have received, not less than *eighteen* pages of "observations"—"communications," "letters" and "editorials"—on the *treatment of cholera*. This is but a sample of the controversy which has filled the British Journals during the last two months. The most astonishing thing, however, in regard to the matter is that not *one solitary* new fact or idea have we been able to trace in all these numerous papers and epistles.

Dr. JOHNSON, it is true, has elaborated a theory of the causes of the main phenomena of collapse in cholera, which appear to be founded on pretty sound physiological and pathological doctrine. But, when he and his adherents jump from the general argument of the presence of a specific poison in the blood, to the conclusion, that the proper treatment is by *cathartics*, (salines, castor oil, &c.,) for the purpose of *eliminating* the poison, it is impossible for us to see the logical connection of such a jump. There are almost as many diseases dependent upon specific poisons in the blood, as there are Arabian tales, and no one claims that we can expel these poisons from the blood by cathartics. No one doubts the presence of a special poison in intermittent fever, in typhus, in typhoid, in scarlatina, in measles; but Dr. JOHNSON, does not, we believe, advocate the cathartico-eliminative treatment in these diseases. Besides, the *cathartic* treatment of cholera has been tried since 1832, and has *not* been found any more successful, or as successful as any other treatment, or no treatment at all. We think the profession of Great Britain are uselessly wasting a great deal of ink and paper in these wearisome lucubrations on the "treatment of Cholera."

**American Opium Cultivation.**

The species of poppy from which opium is obtained is indigenous in northern Mexico. According to the report of Major Duffield, United States Marshal in Arizona, this plant is also found growing in its natural wild state in the valley of the Santa Cruz River.

Mr. EMANUEL WEISS, of Pennsylvania, has recently visited the regions where the poppy is found, for the purpose of examining the country with reference to its availability for opium culture. In a circular which he has just issued, he exhibits the China trade with England and the United States, from which it appears that the British Government exchanges opium with the Chinese for tea, and transfers a large quantity of the latter article to the United States, for which we pay in gold. It is stated in this circular that two families with but two able field-hands, can put ten acres of poppies under cultivation, which will yield about 1200 pounds of merchantable opium, containing nearly ten per cent. of morphia. The poppy matures rapidly, and is harvested within one hundred days from the date of planting. The greater part of the year could, therefore, be employed in the production of other crops, in stock-growing, or in mining operations, for either of which the Territory of Arizona affords ample facilities.

**Physical Education.**

The importance of restricting excessive mental effort and study in the education of the young, and the evils which arise from the want of physical culture in our American school system, have frequently been discussed in our columns.

We are glad that the subject begins to attract the attention of the Press generally. *Harper's Weekly*, one of the most popular of journals has had several very excellent articles on the subject in its last numbers. In one it says:

"An experiment has been lately tried quite extensively in England, in connection with some factories, which bears directly on this point. A half-time system of education has been adopted—that is, children have been made to spend only half the time that is usually spent in school, while the remaining hours have been spent in work. Sometimes the division has been made by days rather than by hours, every other day being devoted to the school. Now by comparison it was uniformly found that the children under this half-time system made greater attainments than those who devoted double the time to the school-room. A significant fact this, which leads us to the conclusion that, with all our boasted improvements in education in this country, not only is too little attention paid to physical culture, but in our schools and academies and colleges generally,

there is too much time given to mental culture—so much as to materially lessen its efficiency. It is singular that the first grand experiment on this point should have been made in such a quarter; but now that it has been made, and its results have been so clearly developed, farther examinations and experiments should be prosecuted, that the subject may be fully investigated.

"There is another result of this experiment which is of interest as showing the mutual influence of physical and mental culture. It was found that the half-time scholars were better workers, more alert and efficient, than either those who had been full-time scholars, or those who had not attended school at all. The testimony of employers was very decided and uniform on this point. How clear is the conclusion from it that with certain modifications of education there may be a great increase of intelligent labor, with a better state of health in the laboring classes!"

**Omission.**

In the last issue, containing an abstract of the proceedings of the Medical Society of the State of Pennsylvania, the following item, which may be of some interest to aspirants for honors, was inadvertently, it is presumed, omitted.

"The Treasurer announced that there had been placed in his hands, by a member of the society, the sum of twenty-five dollars, which was to be awarded as a prize to the author of the best essay on any subject pertaining to medicine or surgery, if forwarded on or before the first day of May, 1867, to the "*standing committee*," consisting of Drs. JAMES KING, of Pittsburg, R. B. MOWRY, of Allegheny City, and Prof. TRAILL GREEN, of Easton, provided such essay be deemed, in the united judgment of that Committee, worthy of a prize. Each competitor must affix a motto to his paper, and accompany it by a sealed envelope, bearing the same motto and enclosing the author's name. The seal of the successful essay shall not be broken until the next annual meeting of the society, to be held at Pittsburg, Pa., on the second Wednesday in June, 1867, when the name of the author will be announced."

**Progress of the Cholera.**

The epidemic has broken out at Angers and St. Nazaire, in France. At Amiens and in the surrounding country, it is on the increase, and medical assistance was sent from Paris. It has also made its appearance at Nantes, where four persons died from the epidemic on the 12th of last month.

An outbreak of cholera has also taken place in the Prussian army. On the 4th and 5th thirty cases, six of which proved fatal, occurred in the 3d regiment of the guard.

Cholera is also raging at Gromemunde, Frank-



fort on the Oder, Neustadt-Eberwald, Cammin, Arnswalde and Stettin. In the latter town one hundred and eighty-seven cases occurred from the 2d. to the 9th of June, one hundred and three of which were fatal.

#### Cholera in New York and Brooklyn.

During the week ending July 13th, 37 cases of supposed cholera were reported to the Board of Health in New York. Of these, 11 proved to be genuine, and 8 proved fatal, while 3 of the patients only recovered. In all of these cases disinfectants were freely used by the Sanitary Officers of the Board of Health, whether the disease was found to be true Asiatic cholera or not.

Twenty-six cases of supposed cholera had been reported at the office of the Assistant Sanitary Superintendent in Brooklyn, of which 10 were genuine, and 4 uncertain, while 12 were merely aggravated cases of cholera morbus. One-half of the whole number occurred in the Twelfth Ward, near the Atlantic Docks. The Ward is inhabited mainly by natives of Ireland, and is the most filthy in the city. It has no sewerage, the privies are full to overflowing, and the filth and garbage are permitted to fester in the streets, while the Alderman makes no effort whatever to have the sanitary condition of the Ward improved.

#### "Selections."

It is our decided opinion that an article copied from another journal looks a great deal better in print, if an acknowledgment is made of the source whence it is obtained.

Thus we think the *Atlanta Medical and Surgical Journal*, would make a much better appearance in its July number, if the article on "Trichinæ and Trichinosis," copied from the *REPORTER*, had been credited to the same.

#### More new Journals.

July brings with it another instalment of new medical journals. Our old and welcome friend, Dr. W. K. BOWLING, has again taken the field, and the *Nashville Journal of Medicine and Surgery* comes to us, looking as of yore, just as if nothing had been the matter. It has had a good nap, and has awaked refreshed, vigorous and rejoicing "as a strong man to run a race." Dr. BOWLING says he is going to succeed, and he will do it. The *Journal* is published monthly, at \$5 per annum. *REPORTER* and *Journal* together, \$9. The subscription can be paid either to us or to Dr. BOWLING.

We welcome again that old and sterling journal the *New Orleans Medical and Surgical Journal*, this number commencing the sixteenth volume. It is the oldest medical periodical of the South-

west, and has always been a good journal. Drs. S. E. CHAILLE and WM. C. NICHOLS, are the editors and proprietors, and Drs. WARREN STONE and JAMES JONES, are on the editorial corps. The journal is published every alternate month at \$8 per annum, \$10 if not paid in advance, \$1.50 for single copies. The *REPORTER* and *Journal* will be furnished together for \$11.

#### A Valuable Work on Medical Statistics Forthcoming.

We are glad to notice that on the 9th instant, a resolution passed both the National Senate and House of Representatives, directing the Secretary of War to communicate a report of the Medical Statistics collected during the war, in the Bureau of the Provost-Marshal General, by Surgeon J. H. BAXTER, as soon as such report can be compiled and prepared for presentation by him.

Surgeon BAXTER has been indefatigable in this work, and we shall look for a report that will be a valuable addition to statistical science.

#### Books, etc., Received.

We have received the following books, pamphlets, etc.

DA COSTA on *Medical Diagnosis*. Second Edition. Revised and Enlarged. From J. B. Lippincott & Co.

*The Where, the When, the Why, and the How of the First Appearance of Cholera in Cities*. By J. H. GRISCOM, M. D.

*Report on Ventilation*. By J. H. GRISCOM, M.D.

*Report of the Board of Health of the City and Port of Philadelphia*, to the Mayor, for the year 1865.

HORACE WATERS, of New York, sends us the following fine pieces of music, by Mrs. E. A. PARKHURST. "I'll Marry no Man if he Drinks," "Sunlight Polka Brilliant," "Gen. SCOTT's Fernal March." "Looking Forward," "Oh, you Must be a Lover of the Lord."

ERRATA.—In proceedings of Vermont Medical Society, *REPORTER* for July 7, page 12, paragraph relating to Dr. FROST's pathological specimens, read "cardiac" instead of "pyloric" orifices of the stomach.

On page 14, in Dr. UPHAM's case, read "steoraceous" instead of "stercoraceous."

On page 15, in preamble to resolutions, read "inscrutable Providence" instead of "inscrutable submission."

On page 24 of the same number, first column, 19th line from bottom, for carbonic read carbolic acid.

## Correspondence.

## DOMESTIC.

Case of Spinal Meningitis (Spotted Fever), treated by the Tincture of the Chloride of Iron.

EDITOR MEDICAL AND SURGICAL REPORTER:

Feb. 3d, 1866, J. F., æt. 28, was taken with vomiting and chill, followed by moderate fever, with great prostration of strength, and pain on pressure over the cervical vertebrae. Also stiffness in the muscles of the neck, and a tendency to throw the head backward. She complained of tingling in the hands and fingers.

*Diagnosis.*—Spinal meningitis.

*Treatment.*—Tinctura ferri. chloridi, gtt. xv., every two hours (as advised by Dr. KLAPP in the MEDICAL AND SURGICAL REPORTER, June, 1864), milk punch and beef tea.

Under this treatment she improved in all respects until the 9th, when inflammation of the finger joints, and subsequently of the elbow, took place, with pain, effusion, and an erysipelatous blush. These were speedily removed by blistering.

After this she appeared to be convalescing, except that a persistent headache remained, which quinine, moderate mercurial purging, and blisters to the nucha failed to relieve. The tinct. of iron had been withdrawn and the stimulants greatly lessened.

March 1st. Dr. KLAPP saw her in consultation with me. The headache was then severe, with giddiness, and a "swimming in the head" at any attempt to move; great tenderness in the muscles of the neck, and especially over the cervical vertebrae. Fever moderate. We determined to return to the iron, and in increased doses, renewing also the brandy and beef-tea. From this date to the 5th she improved greatly, when some agitating circumstances threw her into violent pain, requiring morphia liniment, containing aconite, and blisters to the nucha.

March 19th. For some ten days she has had delirium of a mild kind, with confusion of mind and spectral illusions. Also a return of pain at elbow and finger-joints, which disappeared as the tenderness at nucha lessened. During all this time tincture of the chloride of iron in doses of twenty to twenty-five drops every two hours was faithfully given, and the milk punch twice a day. A very obstinate constipation was the only inconvenience in addition to the above symptoms.

March 22d. She was improving very satisfactorily, with a tendency to syncope, however, on

any attempt to sit up, when to-day she suddenly left her bed during the absence of her nurse, and contrary to my express orders. She was then taken fainting from the floor, and remained very pale, languid, weak and tremulous for several days after. A continuance of the iron, etc., renewed her convalescence very slowly; the tenderness at the nucha lessened, and finally disappeared.

*Remarks.* The efficacy of the iron is shown by the partial recovery, the relapse after it was withdrawn, and the renewed convalescence after it was resumed; while recovery was greatly delayed by the unfortunate circumstances related. The erysipelatous inflammation about the joints is especially worthy of notice in connection with Dr. KLAPP's remarks in the articles referred to.

SAMUEL CHAMBERLAINE, M. D.

265 S. 9th St., Philada., June, 1866.

## A Poetic License.

EDITOR MEDICAL AND SURGICAL REPORTER:

There are many who object to the principle of Dr. SIMS, putting a "faire ladie" under *anæsthetic* influence, during a *juxtaposition* of the primary planets; but his idea is not original; "for what does the song say,"

"How happy could I be with *ETHER*;  
Were to'ther dear charmer away!"

S. W. F.

A Splinter Embedded for Seven Years in the Muscles of the Fore-arm Without Causing Suppuration.

EDITOR MEDICAL AND SURGICAL REPORTER:

As the following case is an unusual one, and as its report will occupy but little of your space, I place it at your disposal.

Mr. G., of Kenosha county, called to consult me a few days ago, in relation to an enlargement, existing upon the anterior aspect of the right forearm. Seven years ago, in jumping from a hay-rack, he struck the arm upon the splintered end of an oak stake, projecting from the side of the rack, inflicting a lacerated wound, an inch or more in length. It healed kindly in a few weeks, but there remained an enlargement, reaching from the beginning of the lower third of the arm, to the carpal articulation, well filling the space between the ulna and radius. Firm pressure at each end, and in its course, gave the impression that a foreign body of some kind had become safely lodged there, and the history given, suggested the possibility of its being a piece of the oak stake before mentioned. But was it possible, for a piece of wood, to remain embedded in the flesh for a period of seven years, and at no time to pro-

duce suppuration? This seemed impossible, but true it was, for a free incision through its extent, enabled me to remove a splinter of oak, two inches in length, and in circumference equal to a female catheter. It was a little darkened in color and polished like glass.

J. G. MEACHEM, M. D.

*Racine, Wisconsin, June 30th, 1866.\**

#### Camp Diarrhoea.

EDITOR MEDICAL AND SURGICAL REPORTER:

After four years' experience in the army I have come to the conclusion that the causes of camp diarrhoea, or the diarrhoea that prevailed to such an alarming extent in our army, as well as the rebel army, during the late rebellion, are the following; which I shall put in the form of interrogations, hoping that some of my army civil professional brethren will throw some light upon this question by answering, through your valuable journal, one or more of the following questions:

I. Is not the camp diarrhoea of soldiers in the field caused by a scorbutic condition of the system?

II. Is not this scorbutic taint caused not only from lack of antiscorbutics, but as well from improperly cooked food?

III. Does not this scorbutic condition of the blood cause fatty or amyloid degeneration of the small arteries, supplying the sub-mucous tissue of the intestinal canal?

IV. Is not this amyloid degeneration the cause of the persistency and difficulty of cure of this disease? W. E. WHITEHEAD, M. D.,

Assistant Surgeon U. S. A.

*Cape Disappointment, W. T.,*

*April 30th, 1866.*

## News and Miscellany.

#### Preservation of Meat.

A new method of preserving beef, mutton, and other animal substances used for food in a perfectly fresh condition has been brought before the Edinburgh Pharmaceutical Society by M. J. MACKAY. The discovery is due to Dr. Redwood. In his experiments he found that animal substances immersed in a bath of *paraffin*, heated to about 300, rapidly lost their air and water, leaving the juice of the meat to be absorbed by the joint under operation. According to the thickness of the mass of the meat, the time of its immersion is increased or diminished. By this process the germs of destruction are found to be quite destroyed, very much on the same principle that the various articles of food are prepared in hermetically sealed vessels, or the calf-foot jelly,

bottled and kept in a perfect state of preservation. When the meat has thus been allowed to remain a sufficient length of time in the highly-heated paraffin, it is removed, and immediately dipped into a bath containing the same material, at a lower temperature; and after two or three dipplings the process is complete, and the substances thus preserved are ready either for home or foreign consumption. Samples prepared after three months keeping have been cooked and found perfectly sweet, and free from any taint whatever. The following peculiarities of paraffin recommend it especially for the purpose mentioned, viz., its solidity, whiteness, tastelessness, and entire freedom from smell.

#### Trichinosis in Iowa.

Pretty well authenticated reports reach us through the daily press of the occurrence of an endemic of trichinosis at Marion, Linn county, Iowa. The following appear to be the main facts:

A family of ten, composed of Mr. Bemis, aged seventy-two; Mrs. Bemis, fifty-seven; Henry Bemis, twenty-three; Whittier Bemis, twenty; Mr. Lansing, (son-in-law of Mr. Bemis,) his wife, two little sons and two little daughters were all, except Mr. Lansing, peculiarly and seriously attacked, about the 10th of April, with a disease of unusual and remarkable symptoms, such as vomiting, diarrhoea, pains in the bowels, profuse sweating, swelling of the face, stiffening of the muscles of the jaw with fever of a typhoid character. After a week or so, great pains were felt in the muscles of the arms, legs, etc., similar to muscular rheumatism, accompanied with considerable swelling of the limbs and general dropsical effusion throughout the cellular tissue.

In the absence of positive knowledge that the patients had eaten trichinous meat, and the fever assuming a somewhat typhoid character, the attending physician, Dr. E. M. SMITH, was induced, in the absence of a better name, to diagnose the disease typhoid fever, and treated the cases accordingly, combating the symptoms as they presented themselves.

On April 30th, Drs. H. RISTINE and T. S. BARDWELL were called in consultation with Dr. SMITH, and, after thorough investigation, all three of the physicians came to the conclusion that the symptoms clearly indicated trichinosis. In the meantime, it had been ascertained that all the family except Mr. Lansing had been eating more or less of raw ham, the severity of the disease being in proportion to the amount eaten by each. Mr. Lansing, who ate none at all, was not affected, he being the only one that was not.

The second day after the consultation, June 1st, Mr. Lansing's little boy, aged thirteen, died. Next day Henry Bemis died, and Mr. Lansing's other little boy died on the 9th—three in all up to the present date. The old people, Mr. and Mrs. Bemis, are hourly expected to die. A post mortem was held on the body of the first that died, and a portion of the muscle from different parts of the body were obtained and thoroughly examined with the microscope by all the doctors



of Marion and several from Cedar Rapids, who found the parasite in large numbers, variously estimated by different ones on different pieces of muscle, to contain from 180,000 to 261,000 to the square cubic inch.

A piece of the ham of which the family ate could not be obtained for examination, but a portion of the same hog that the family partook of was previously given to a healthy sow, which resulted in its death. The muscle of the sow was examined and found to be full of trichinæ.

It is also reported that since then six similar cases have occurred in the JORDAN family, same county, under charge of Dr. RISTINE, also traceable to the eating of raw ham.

We have written to the medical gentlemen in attendance upon these cases for a full account of their observations, which we hope soon to lay before our readers.

#### Unhealthy Condition of Ships and Immigration.

At a recent meeting of the Metropolitan Board of Health, Dr. E. HARRIS made the following Report:

As your attention has been called to the foul and unhealthy condition of ships and water-craft about the wharves and basins of Brooklyn and New-York, let me mention a few facts that are of momentous concern just now.

1. The foul ship and certain kinds of decaying cargo which now contaminates the atmosphere of particular localities by the water-sides of our cities are sources of special danger to the public health. The particular inquiries upon which this opinion is founded have been made, voluntarily, by certain physicians on the vessels themselves, and by me at various times at the Seamen's Retreat and other hospitals for seamen. The City hospital receives almost its only cases of typhus and diarrhoeal diseases from the ships; and at your Brooklyn Hospital, I am informed, the same is true. This illustrates the danger of allowing such vessels to lie at the wharves unexamined by sanitary officers. And it must be remembered that the Health officers cannot justly detain such vessels in quarantine. That would only increase the evil.

2. The degree and kind of contamination of the atmosphere which these foul ships and decaying cargoes cause along the water-sides, greatly enhances the danger of creating an uncontrollable cholera pestilence in those regions. The present peril is imminent.

3. If consignees and officers of ships are simply visited and instructed respecting the importance of thorough purification of their vessels, and shown the means of doing such work perfectly, they will not fail generally to endeavour to carry out the wishes of the Board of Health.

4. If the ships departing from our port are always in a good sanitary condition and provided with suitable sanitary advice and disinfectants, they will not be nearly as liable to have any cases of cholera on board as they now are, much more will they be unlikely to become the sources or causes of cholera infection to other places.

Indeed, it is my deliberate opinion founded upon a familiar knowledge of our shipping and marine hygiene, that an efficient Water side Sanitary Inspection, kept up for the ensuing three months, would be more effectual in preventing the spread of cholera from our port than all the quarantines that can be enforced, even if they excluded commerce. Upon this point I have no doubt, and would recall a note published by the Council of Hygiene on this subject last November.

Let there be an efficient Water-side Sanitary Police. Two or three men of the right sort would cover the ground.

The importance of proper water-side Marine Sanitary police, including a *quarantine*, by which passengers and their baggage can be placed in a CLEAN condition, so as not to endanger the community by imported filth and poisons created during voyages on crowded vessels, will be appreciated, when we notice the immense extent of immigration at this time.

From May 30th to June 5th 1866, 8055 immigrants, mostly Germans, landed in New York and during the month of May, the total number of immigrant passengers arriving in New York was 40,300.

#### Pension Examining Surgeons.

The following are recent appointments.

Iowa, Dr. N. UDELL, Centreville; Dr. J. R. BURGESS, Webster City.

— Mr. LAFLIN of New York, Chairman of the Committee on Public Printing, in the House reported a resolution, which was adopted, taking away the printing reports and statistics of the Medical Department of the army from the control of the Surgeon-General, and transferring it to the Government Printing Office.

— Mr. ALEXANDER URE, late surgeon of St. Mary's Hospital, London, died on the 15th ult.

— Cases of hydrophobia are quite frequent in London. There were three deaths from the disease in one week, during the latter part of last month.

## Army and Navy News.

### NAVY.

List of changes in the medical corps of the U. S. Navy, during the week ending July 14th, 1866.

Passed Asst Surgeon Theron Wolverton, ordered to the U. S. ship Monocacy.

Asst Surgeon Robt. Redington, ordered to duty on board U. S. Receiving Ship Vermont, at New York.

Acting Asst Surgeon Reuben Smith, ordered to duty on board the U. S. ship Chicopee.

Acting Asst Surgeon A. C. Fowler, detached from the U. S. ship Chicopee, and granted leave of absence.

Acting Asst Surgeon G. L. Simpson, detached from the U. S. ship Bibb, and placed on "waiting orders."

## MARRIED.

**ALLEN—PARSONS**.—On Wednesday, the 11th inst., by the Rev. E. H. Chapin, D. D., at the residence of the bride's guardian, Dr. Ralph Glover, Aaron C. Allen and M. Josephine, only daughter of the late Henry L. Parsons, M. D., both of New York.

**BENHAM—RAND**.—June 27th, at the residence of the bride's father, by the Rev. H. Hayden, Dr. S. N. Benham, of Pittsburgh, Pa., and Miss Nellie H. Rand, of Meriden, Conn.

**DEAN—JOHNSON**.—On the 28th of June, 1886, at the residence of the bride's father, by the Rev. John Chambers, Henry M. Dean, M. D., of Connecticut, and Emma, youngest daughter of Samuel Johnson, Esq., of Philadelphia.

**GEDDINGS—GETTY**.—At the New York Hotel, July 5, 1886, by the Rev. Dr. Preston, W. H. Geddings, M. D. and Miss Adele I., eldest daughter of Archibald Getty, Esq., all of Charleston, S. C.

**HAYWARD—DRAKE**.—In Easton, Mass., by Rev. Mr. Mills, Dr. J. W. Hayward, of Taunton, and Miss Elmira H., eldest daughter of John R. Drake, Esq.

**MCGRAW—SMITH**.—At West Farms, N. Y., on Tuesday, July 10, by the Rev. Washington Rodman, Dr. Theodore A. McGraw, of Detroit, and Alice E., youngest daughter of Wm. Simpson.

**MILLER—ZOLLINGER**.—June 19th, at Harrisburg, Pa., by Rev. G. F. Stelling, Jacob A. Miller, M. D., of Lancaster, Pa., and Miss Maria M. Zollinger, of Harrisburg.

**STERLING—JONES**.—In this city, on Tuesday, July 10th, by the Rev. G. A. Durbin, Dr. William G. Sterling, of Greenbush, Ill., and Miss Maggie Jones, of Philadelphia.

## DIED.

**BIRDSELL**.—On the morning of the 14th inst., after a short illness, Jane L., wife of Dr. S. Birdsell, of Camden, N. J.

**CARELS**.—In Camden, N. J., on the 7th instant, Samuel P., son of Dr. Samuel and the late Jennie T. Carels, aged 8 months.

**GODDARD**.—In this city, on the 5th instant, Paul Beck Goddard, M. D.

**HARVEY**.—On the 7th of July, Dr. Joseph R. Paul Harvey, in the 50th year of his age.

**HOFFMANN**.—In this city, on Saturday, the 7th inst., Emma M., infant daughter of Dr. J. M. and Lizzie Hoffmann, of Reading, Pa.

**SEVIER**.—In Knoxville, Tenn., July 10th, Thomas Sevier, son of Dr. Alexander B. and Clara M. Tadlock, aged one month.

## ANSWERS TO CORRESPONDENTS.

**Dr. H. A. S., Gallatin, Tenn.**—Sergeant's Minor Surgery, Tanner's Manual on Poisons, Rand's Medical Chemistry, sent by mail, 14th inst.

**Dr. C. H. L., Jackson, Mich.**—Brinton on Diseases of Stomach, Roberts Urinary and Renal Diseases, Jones's Ophthalmic Medicine and Surgery, Durkee on Gonorrhoea, Sargeant's Minor Surgery, and What to Observe, etc., sent by Express, 14th inst.

**Dr. H. P. K., East Fairfield, Ohio.**—Gross's Surgery, 2 vols, sent by Express, 14th inst.

**Dr. G. W. C., Jackson, Mich.**—Hypodermic Syringe, sent by mail, 14th inst.

**Dr. W. T. G., Lexington, Miss.**—Gross's Abscess Bistoury, sent by mail, 14th inst.

**Dr. B. N. B., Lawrenceville, N. J.**—Obstetrical Forceps sent by Express to Trenton, 14th inst.

**Dr. J. W. M. S., Columbus, Miss.**—Exploring needle sent by mail, 14th inst.

**Dr. C. F. B., Racine, Wis.**—Wired skeleton sent by Express, 10th inst.

**Dr. E. J. P., Highspire, Pa.**—Wired skeleton sent by Express, 10th inst.

## METEOROLOGY.

July,	2,	3,	4,	5,	6,	7,	8.
Wind.....	W.	S. W.	S. W.	S. W.	S.	S.	S. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....			3-10				3-10
Thermometer.							
Minimum.....	54°	62°	64°	68°	69°	70°	72°
At 8 A. M.....	72	77	76	80	84	86	85
At 12 M.....	82	85	83	87	90	90	90
At 3 P. M.....	82	84	79	88	92	93	93
Mean.....	72.50	77.	75.50	80.75	78.75	82.25	85.
Barometer.							
At 12 M.....	30.3	30.2	30.	30.1	30.2	30.1	30.1

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The Summer School of Medicine will begin its second term, March 1st, 1886, and students may enjoy its privileges with cessation until October.

The regular Course of Examinations and Lectures will be given during April, May, June, and September, upon

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